Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Thursday, February 28, 2013 at the hour of 8:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Carvalho called the meeting to order; however, a quorum was not present. The Board continued to receive information until approximately 9:25 A.M.; at this time, a quorum was reached, and the Board began to consider the items presented.

Present: Chairman David Carvalho and Directors Hon. Jerry Butler; Quin R. Golden; Luis Muñoz, MD, MPH; Carmen Velasquez; and Dorene P. Wiese, EdD (6)

Absent: Vice Chairman Jorge Ramirez and Directors Edward L. Michael; Reverend Calvin S. Morris, PhD; and Heather E. O'Donnell, JD, LLM (4)

Additional attendees and/or presenters were:

Jorelle Alexander, DMD, MPH – Director of Oral Health
Gina Besenhofer – System Director of Supply Chain Management
John Cookinham – System Chief Financial Officer
Krishna Das, MD – System Interim Director of Quality, Patient Safety, Regulatory and Accreditation
Patrick T. Driscoll, Jr. –State's Attorney's Office
Helen Haynes – System Associate General Counsel
Charlene Luchsinger – System Credentials Verification Officer
Terry Mason, MD – System Chief Medical Officer
James Miles, PhD - consultant
Kina Montgomery – General Medicine Clinic
Maureen O'Donnell –Chief, Cook County Bureau of Human Resources
Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer
Elizabeth Reidy – System General Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief of Clinical Integration
Gwen Williams – Pre-Processing Center

II. Public Speakers

Chairman Carvalho asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1.	Dennis Kosuth	Nurse, John H. Stroger, Jr. Hospital of Cook County
2.	Joy Leelamma	Nurse, John H. Stroger, Jr. Hospital of Cook County
3.	Janice Thomas	Member-Organizer, Action Now
4.	George Blakemore	Concerned Citizen
5.	Charles Williams, DDS	Concerned Citizen

III. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, February 1, 2013

Director Velasquez, seconded by Director Muñoz, moved the approval of the minutes of the Board of Directors Meeting of February 1, 2013. THE MOTION CARRIED UNANIMOUSLY.

III. Board and Committee Reports (continued)

B. Minutes of the Finance Committee Meeting, February 15, 2013

Director Golden, seconded by Director Velasquez, moved the approval of the minutes of the Finance Committee Meeting of February 15, 2013. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items

A. Proposed Resolution honoring Quin Golden, Member of the Board of Directors of the Cook County Health and Hospitals System (Attachment #1)

Chairman Carvalho read the proposed Resolution into the record.

Director Butler, seconded by Director Muñoz, moved the approval of the proposed Resolution honoring Quin Golden, Member of the Board of Directors of the Cook County Health and Hospitals System. THE MOTION CARRIED UNANIMOUSLY.

B. Proposed reappointment of Thomas Lanctot to the CORE Foundation Board (Attachment #2)

Director Velasquez, seconded by Director Golden, moved the approval of the proposed reappointment of Thomas Lanctot to the CORE Foundation Board. THE MOTION CARRIED UNANIMOUSLY.

C. Contracts and Procurement Items (Attachment #3)

Gina Besenhofer, System Director of Supply Chain Management, presented the requests for the Board's consideration; she noted that she will be requesting conditional approval of request number 1, as review by Contract Compliance has not yet been completed for this request. Conditional approval will allow the contract to move forward once Contract Compliance has completed their review.

Director Muñoz, seconded by Director Golden, moved the approval of request number 2, and moved the conditional approval of request number 1, pending Contract Compliance, under the Contracts and Procurement Items. THE MOTION CARRIED UNANIMOUSLY.

D. **Medical Staff Appointments/Re-appointments/Changes (Attachment #4)

Charlene Luchsinger, System Credentials Verification Officer, presented the item for the Board's consideration. She indicated that there was no information that would need to be presented in closed session.

Director Velasquez, seconded by Director Wiese, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

E. **Proposed Collective Bargaining Agreement (Attachment #5)

i. House Staff Association, Post Graduate Physicians and Chief Residents – Collective Bargaining Agreement

Maureen O'Donnell, Chief of the Cook County Bureau of Human Resources, presented the proposed Collective Bargaining Agreement for the Board's consideration. It was indicated that there was no information to be presented in closed session.

Chairman Carvalho clarified that this Agreement presented for approval is for the period of 2008 through 2012. Ms. O'Donnell responded affirmatively.

Director Golden, seconded by Director Wiese, moved to approve the proposed Collective Bargaining Agreement. THE MOTION CARRIED UNANIMOUSLY.

F. Any items listed under Sections III, IV, V and VIII

V. Recommendations, Discussion/Information Item

A. Quality and Patient Safety Update (Attachment #6)
(2/13/13 Quality and Patient Safety Committee Meeting cancelled)

- **Update on System Quality Dashboard**

Dr. Krishna Das, System Interim Director of Quality, Patient Safety, Regulatory and Accreditation, provided a presentation regarding the CCHHS Comprehensive Dashboard. Information contained in the presentation included the following: areas of responsibility; overview of quality measurement; quality metrics-process measures; selected process measures-for inpatient care, Emergency Department throughput and immunization; discussion-process measures; selected outcome measures – for hospital acquired infections and mortality and readmissions; patient satisfaction with care; discussion-outcome measures; Cermak indicators-Department of Justice; selection of "Big Dot" quality measures-possible criteria; and proposed reporting process-CCHHS Board.

Chairman Carvalho inquired regarding the status of a previous request made for a presentation on the quality of coding. John Cookinham, System Chief Financial Officer, responded that a presentation is expected to be presented to the Audit and Compliance Committee, which will then be reported back up to the Board. He stated that included in the report are plans for the future, information relating to ICD-10, and a recent outside study that reflects a much better accuracy rate in coding performance.

Director Muñoz stated that the Audit and Compliance Committee is expecting to receive the report at its next scheduled meeting; he anticipates the review of quality measures as far as coding, frequency of mistakes, and efforts to certify all the coders. Although it would not technically be the Audit and Compliance Committee's normal scope of interest, Chairman Carvalho inquired whether the issue of productivity also be discussed. Director Muñoz responded affirmatively; it is hoped that the reports will be similar to those currently received from McKesson, the vendor who is responsible for the physician billing coding.

V. Recommendations, Discussion/Information Item

A. Quality and Patient Safety Update (continued)

During the discussion of the information regarding Emergency Department Throughput, Dr. John Jay Shannon, Chief of Clinical Integration, provided additional information. He stated that, aside from the patient experience part of it, which is fairly apparent, there are other implications. For example, for the top dwell time for admitted patients, the residency review committee for emergency medicine training programs requires that it be under eight hours; similarly, for the patients that are discharged, there is a requirement that that number be under four hours. He stated that there are threats to the quality of the training program that can put an organization at risk for its training program; he noted that this issue is being actively addressed by management.

Chairman Carvalho stated that the information included on Emergency Department Throughput should be the topic of an hour long conversation at one of the Committee Meetings. He requested that this recommendation be forwarded to the Chair of the Quality and Patient Safety Committee so that the issue can be totally analyzed by the Committee and a report can be made to the Board on the findings. Additionally, with regard to the information presented on immunization data, Chairman Carvalho made the same request, that the Quality and Patient Safety Committee thoroughly review the matter and report back to the Board. He added that he thought that some Michigan hospitals are now achieving 100% vaccination rates, so 100% is clearly achievable. Dr. Das responded affirmatively, stating that it is possible under certain circumstances to achieve 100%. Chairman Carvalho indicated that the subject of how to achieve 100% should be part of the Committee's discussion on the subject[1].

Following Dr. Das' presentation, Chairman Carvalho stated that, because the Board Meeting date was moved to today from February 21st, Director Michael, who is the Chairman of the Quality and Patient Safety Committee, was not able to attend. Chairman Carvalho recommended that the Board absorb the information provided by Dr. Das and discuss this at the next meeting to provide a conclusion and response to the questions proposed[2].

VI. Report from Chairman of the Board

This item was taken out of order.

Chairman Carvalho stated that on February 27th, the Chicago Community Oral Health Forum hosted a luncheon with members of the Cook County Board of Commissioners; he and Dr. Raju were able to attend, as well. The purpose of the luncheon was to talk about how to address the issue of inadequate oral health care available to the under-insured and uninsured in Cook County.

Chairman Carvalho stated that a presentation was made; he has asked representatives from the Forum to provide a similar presentation to this Board at the next Board Meeting. Also at the next meeting, Dr. Jorelle Alexander, the System's new Director of Oral Health, is going to be making a presentation about her initial assessment of the state of both the System's Oral Health program and her coming plans for the revival of that program under her leadership[3].

VI. Report from Chairman of the Board (continued)

Chairman Carvalho noted that the key purpose of this was to identify and highlight the fact that the reason why this population is underserved is because the whole effort is under-resourced. The one point that he made was that, just as one of the themes as a health system this organization has made over the years, is that the System is the backbone of the safety net, but it is not exclusively the safety net - everyone out there working together needs to help address the issue of under-insured and uninsured and access issues. This Board has talked about that in the context of health, and the subject was discussed yesterday in the context of oral health. Many of the Federally-Qualified Health Centers (FQHCs) have oral health programs also serving some of this population. The Cook County Department of Public Health plays a role, in addition to the System's own ambulatory and hospital-based efforts. The City of Chicago has had some role in this, and so has the Chicago Dental Society. Going forward, the Forum wants to look at the issue of resources that might be available to this System, but also look at resources that can be generated through partnerships in other systems throughout the County.

Director Velasquez noted that the challenge is greater relating to the provision of services for adults – she stated that that is where the partnerships are needed. Chairman Carvalho stated that there was some discussion on that issue; he noted that one of the particular challenges for adults is that the State keeps changing its mind as to whether Medicaid covers or does not cover adult dental services. He added that not covering adult dental services is simply shifting costs into emergency care and other types of care.

A. Board Education

- **Healthy Living Center at Oak Forest Health Center** (Attachment #7)

Dr. Terry Mason, Interim Chief Operating Officer of the Cook County Department of Public Health, provided an overview of the Healthy Living Center at Oak Forest Health Center. Subjects reviewed in the presentation included the following: guiding principles; core goals; disparities in access; deaths for Diabetes Mellitus (percentile) and rate range by town; access to food; geographic health disparities; and The Center for Total Health model, mission, credo, institutes, food hub, shared services, programs and outreach. The Board reviewed and discussed the information.

VII. Report from Chief Executive Officer (Attachment #8)

This item was taken out of order.

Dr. Raju provided an update on the following subjects: CCHHS Organizational Structure; Pro-Bono Assistance from Bain & Company; Champions Program; Public Health Update; and Employee Recognition. During his update, he thanked outgoing Board Member Quin Golden for her accomplishments and efforts during her tenure on the Board.

During his update on the CCHHS Organizational structure, Dr. Raju introduced and welcomed two new additions to the leadership team: Dr. John Jay Shannon, Chief of Clinical Integration; and Dr. Jorelle Alexander, Director of Oral Health.

Dr. Raju introduced and thanked the representatives from Bain & Company for their assistance provided to the System on a pro-bono basis during their four-month engagement.

VII. Report from Chief Executive Officer (continued)

With regard to the information provided on the Champions Program, Kina Montgomery, Divisional Nursing Director for the General Medicine Clinic, and Gwen Williams, Systems Manager for Patient Access, reviewed the activities involved in piloting a patient-centered "Care Team" model in the General Medicine Clinic, and regarding a program to inform more patients about CountyCare during the pre-registration process.

Dr. Raju's report included the recognition of the following individuals:

- Barbara Marban, Physical Therapy Assistant – Provident Hospital
- Don High, Patient Transporter – Stroger Hospital
- Dr. Jennifer Smith, Physician – Stroger Hospital

VIII. Closed Session Items

A. Claims and Litigation
B. **Medical Staff Appointments/Re-appointments/Changes (see Item IV(D))
C. **Proposed Collective Bargaining Agreement (see Item IV(E))

The Board did not recess the regular session and convene in closed session.

IX. Adjourn

As the agenda was exhausted, Chairman Carvalho declared the MEETING ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
David Carvalho, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

[1] Follow-up: for future Quality and Patient Safety Committee Meeting, review of Emergency Department throughput and immunization data should take place, followed by a report to the Board regarding the Committee's review of the matters. Page 4.

[2] Follow-up: for March Board Meeting, return to subject of CCHHS Comprehensive Dashboard, to provide a conclusion and response to the questions proposed at the February 28th Board Meeting. Page 4.

[3] Follow-up: for March Board Meeting, presentations to be provided by Chicago Community Oral Health Forum, and report provided by Dr. Jorelle Alexander on Systems's Oral Health program. Page 4.

ATTACHMENT #1

R-13-04

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
BOARD OF DIRECTORS

RESOLUTION

Sponsored by

DAVID CARVALHO, CHAIR, JORGE RAMIREZ, VICE CHAIR,
THE HONORABLE JERRY BUTLER, EDWARD L. MICHAEL,
REV. CALVIN S. MORRIS, PhD, LUIS MUNOZ, M.D., HEATHER E. O'DONNELL,
CARMEN VELASQUEZ AND DORENE P. WIESE, EdD, DIRECTORS

WHEREAS, in May of 2008, Quin R. Golden was appointed by Todd H. Stroger, President of the Cook County Board of Commissioners, and confirmed by the Board of Commissioners to serve as a member of the inaugural Board of Directors of the Cook County Health and Hospitals System; and

WHEREAS, Ms. Golden played an integral role in laying the foundation of the new governance structure of the Health System, which, in its early stages, demanded a considerable time commitment from its volunteer Board members; and

WHEREAS, while serving on the Health System Board of Directors, Ms. Golden was a part of the leadership team that developed and championed the Health System's Strategic Plan: Vision 2015, dedicated to continuing the Health System's mission of delivering integrated health services with dignity and respect regardless of a patient's ability to pay in today's dramatically changing healthcare landscape; and

WHEREAS, Ms. Golden graciously lent her vast expertise to the Health System by serving as a member of the Health System Board's Finance and Human Resources Committees during her entire tenure with the Health System Board, and by serving in the vital position of Chair of the Health System Board's Human Resources Committee from July 2012 through February 2013; and

WHEREAS, during her tenure with the Health System, Ms. Golden earned the genuine respect of her fellow Board members for her keen insight, level-headedness and wise counsel; and

WHEREAS, the Health System's leadership team held Ms. Golden in high regard and appreciated her attention to detail, strength and support, as well as her ability to lead with passion and good humor.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Cook County Health and Hospitals System, on behalf of the more than five million residents of Cook County served by the System, does hereby gratefully acknowledge Quin R. Golden for her extraordinary abilities, outstanding leadership and unwavering commitment to the transformation of the Health System in order to maximize access to quality medical care to all residents of Cook County.

Approved on February 28, 2013 by the Board of Directors of the Cook County Health and Hospitals System.

APPROVED
FEB 28 2013
BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

ATTACHMENT #2

OFFICE OF THE PRESIDENT
BOARD OF COMMISSIONERS OF COOK COUNTY
118 NORTH CLARK STREET
CHICAGO, ILLINOIS 60602
(312) 603-6400
TDD (312) 603-5255

TONI PRECKWINKLE
PRESIDENT

February 27, 2013

Chairman and Members of the
Cook County Health & Hospitals System Board of Directors
1900 West Polk Street, Suite 220
Chicago, Illinois 60612

Ladies and Gentlemen:

Please be advised that I hereby reappoint Thomas Lanctot to the CORE Foundation for a three (3) year term to begin immediately and expire December 31, 2015.

I submit this communication for your approval.

Sincerely,

Toni Preckwinkle
President
Cook County Board of Commissioners

APPROVED
FEB 28 2013
BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

ATTACHMENT #3

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM IV(C)
FEBRUARY 28, 2013 BOARD OF DIRECTORS MEETING
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Amend and Increase Contracts					
1	Chamberlin Edmonds and Associates / Emdeon	Service - eligibility / enrollment	$6,975,563.00	System	2
2	Xerox (formerly ACS)	Service - professional services	$640,000.00	System	3

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: John Cookinham, System Chief Financial Officer; John Morales, SHCC Chief Financial Officer	**EXECUTIVE SPONSOR:** Ram Raju, M.D., Chief Executive Officer
DATE: February 15, 2013	**PRODUCT / SERVICE:** Service – Eligibility/Enrollment
TYPE OF REQUEST: Amend and Increase Contract	**VENDOR / SUPPLIER:** Chamberlin Edmonds and Associates/Emdeon
FISCAL IMPACT: Increase of ~~$6,638,675~~ 6,975,563	**GRANT AWARD/RENEWAL AMOUNT:**
CONTRACT PERIOD: October 1, 2009 through September 30, 2014	**CONTRACT #:** 09-73-014
x **COMPETITIVE SELECTION METHODOLOGY:** [BID / RFP / GPO / OMP]	
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE]	

APPROVED
FEB 28 2013
BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM

PRIOR CONTRACT HISTORY: CCHHS entered into a five year $38 million dollar contract with Chamberlin Edmonds and Associates (CEA) in Fall 2009 in a move to a single primary eligibility vendor. Under its contract, CEA has provided phased services which have included assistance with the implementation of the CareLink Program and eligibility screening and enrollment services for patients of CCHHS. Currently CEA is paid a flat monthly fee plus incentive fees based on revenues generated as a result of its efforts. Based on this methodology CEA has been paid approximately $28,547,552 since the inception of the Contract. This amount does not include amounts that have not yet been billed because the applications are in various stages of approval. Based upon the amount of payments to date and the fact that there are 18 months remaining in the contract, additional funding would be needed to make payment at the original negotiated rates.

NEW PROPOSAL JUSTIFICATION: In September 2012, Management previously requested an increase to the original contract in the amount of $6,638,675 to accommodate an expanded scope of services under the 1115 Waiver Program. This requested increase did not include the increase that is needed to permit payment under the original contract scope and the payment structure. In recent months, CCHHS has begun implementing the 1115 Waiver Program and has transferred some enrollment functions to the TPA. As a result, the scope of required CEA services has changed and, as previously reported to the Board, the amendment authorized in September 2012 has not been executed. At this time, management would like to move forward with an amendment which reflects a revised scope consisting of the traditional eligibility work, plus enrollment of inpatients and emergency department patients into CountyCare and an increase in work on outpatient Medicaid applications and assistance with CareLink applications in settings not covered by CCHHS staff. CEA will also make its OnPoint software available to CCHHS and organizations identified by CCHHS. In order to accommodate the increased scope of services as well as currently projected fees that may become due under the original contract, an increase to the Contract in the amount of $6,975,563 is requested. A further amendment may be required based upon actual revenues generated. This amendment will also change the payment methodology, effective immediately, by significantly reducing the monthly fixed fee, increasing some of the incentive payments, and certain services based upon a fixed fee multiplied by the volume of services provided. The estimated revenue associated with the services is: $124,726,456 in FY2013 (12 months) and $68,178,169 in FY 2014 (9 months).

REQUEST: This is a request to amend and increase Contract 09-73-014 in the amount of $6,975,563.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

Request # 1

ATTACHMENTS: CONTRACTCOMPLIANCE MEMO:

CCHHS COO: _____
Carol Schneider, System Chief Operating Officer

CCHHS CFO: John Cookinham
John Cookinham, System Chief Financial Officer

COUNTY OF COOK
BUREAU OF FINANCE
OFFICE OF CONTRACT COMPLIANCE
JACQUELINE GOMEZ
DIRECTOR

County Building
118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL: (312) 603-5502

March 26, 2013

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H09-73-014 (Amendment to Increase)

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the M/WBE Ordinance.

Bidder:	Chamberlin Edmonds & Associates
Increase:	$6,975,563.00
Commodity:	Professional Service – Eligibility Enrollment
Department:	Administration -CCHHS
Term:	19 months

Partial M/WBE Waiver Granted

M/WBE	Status	Percentage of Participation
A-Pro Staffing	**MBE (Cook County)**	**$200,000.00 (2.8%)**

Chamberlin Edmonds & Associates has requested a Partial Waiver. This contract is let for specialized eligibility services. The services will be provided by employees of the contractor with specialized training in phased eligibility screening, enrollment and follow-up services to expedite approval of the applications for benefits including but not limited to the 1115 Waiver.

Sincerely,

Jacqueline Gomez
Contract Compliance Director

JG/pgb

BOARD APPROVAL REQUEST

SPONSOR: Regina M. Besenhofer, System Director Supply Chain Management		**EXECUTIVE SPONSOR**: Carol Schneider, System Chief Operating Officer
DATE: 02/14/2013	**PRODUCT / SERVICE**: Service- Professional Services	
TYPE OF REQUEST: Amend and Increase Contract	**VENDOR / SUPPLIER**: Xerox (formerly ACS), Dallas, TX	
ACCOUNT: 890-260	**FISCAL IMPACT**: $640,000.00	**GRANT FUNDED AMOUNT**: N/A
CONTRACT PERIOD: 03/01/2013 thru 6/14/2013		**CONTRACT NUMBER**: H13-25-002
	COMPETITIVE SELECTION METHODOLOGY:	
X	**NON-COMPETITIVE SELECTION METHODOLOGY**: Sole Source/ Preferred Provider	

PRIOR CONTRACT HISTORY:
The Cook County Health and Hospitals System board approved the staff augmentation for Supply Chain on 12/14/2012 for the period from 12/17/2012 thru 06/14/2013 in the amount of $955,584.00. This allowed us to bring in experienced Supply Chain resources to support specific Lawson software subject matter experts in the areas of System/ Data Management, Procurement, and Inventory Control. This support team continues to supplement the existing staff and fills in the gaps of current open positions for a short period of time. As positions are filled there will be a comprehensive transfer of knowledge to ensure system implementation success and stability for the long term.

NEW PROPOSAL JUSTIFICATION:
This request is to continue the system optimization and integration of Lawson to Cerner for OR/Sterile Processing Department and the Cath Lab. We had anticipated that we would be able to complete the OR/SPD and Cath Lab build with the original request. We ran into significant data build issues and still need to build approximately 20,000 items for the OR/SPD and Cath Lab. In addition, CCHHS Supply Chain positions to support the GHX/Lawson system have not been filled so the appropriate knowledge transfer has not been able to be done. Please refer to the status report to the Finance Committee on 02/15/2013 for additional details.

TERMS OF REQUEST:
This is a request to amend and increase contract number H13-25-002 in the amount not to exceed $640,000.00 for a 4 month time period from 03/01/2013 thru 06/14/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

APPROVED
FEB 28 2013
BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM

ATTACHMENTS
BID TABULATIONS: N/A
CONTRACT COMPLIANCE MEMO: Pending

CCHHS CFO: _____
John Cookinham, System Chief Financial Officer

CCHHS CEO: _____
Ram Raju, M.D., Chief Executive Officer

Request # 2

ATTACHMENT #4

John H. Stroger, Jr. Hospital of Cook County

Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Board of Directors

INITIAL APPOINTMENT APPLICATIONS

App, Megan, MD Appointment Effective:	Ob/Gyn February 28, 2013 thru February 20, 2015	Active Physician
Blatt, David, MD Appointment Effective:	Correctional Health Medicine February 28, 2013 thru February 20, 2015	Active Physician
Fayek, Sameh, MD Appointment Effective:	General Surgery February 28, 2013 thru February 20, 2015	Voluntary Physician
Kalinowski, Valerie, MD Appointment Effective:	Pediatrics/Critical Care February 28, 2013 thru February 20, 2015	Voluntary Physician
Pederson, Fonda, DDS Appointment Effective:	Medicine/CORE February 28, 2013 thru February 20, 2015	Active Dentist
Suleiman, Khair, MD Appointment Effective:	Pediatrics/Neonatology February 28, 2013 thru February 20, 2015	Consulting Physician
Vydas, Hector, MD Appointment Effective:	Family Medicine February 28, 2013 thru February 20, 2015	Active Physician

REAPPOINTMENT APPLICATIONS

Department of Family Medicine

Ayala, Jose MD Reappointment Effective:	Family Medicine February 28, 2013 thru August 27, 2013	Active Physician
Lipkin, Julie, Jose MD Reappointment Effective:	Family Medicine March 14, 2013 thru March 13, 2015	Voluntary Physician
Riley, Lori, MD Reappointment Effective:	Family Medicine February 28, 2013 thru August 27, 2013	Active Physician
Sweder, Thomas, MD Reappointment Effective:	Family Medicine March 17, 2013 thru March 16, 2015	Active Physician

APPROVED
FEB 28 2013
BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Department of Medicine

Clapp, William D., MD Reappointment Effective:	Pulmonary & Critical Care March 18, 2013 thru March 17, 2015	Active Physician
Das, Krishnakali, MD Reappointment Effective:	Medicine/General Medicine February 28, 2013 thru February 27, 2015	Active Physician

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications
Department of Medicine (continued)

Datta, Swati S., DO Reappointment Effective:	Medicine/General Medicine March 18, 2013 thru March 17, 2015	Active Physician
Krantz, Anne J., MD Reappointment Effective:	Medicine/Pulmonary March 18, 2013 thru March 17, 2015	Active Physician
Liu, Elaine, MD Reappointment Effective:	Medicine/General Medicine March 18, 2013 thru March 17, 2015	Active Physician
Riles, William L., MD Reappointment Effective:	Gastroenterology March 19, 2013 thru March 18, 2015	Active Physician
Siwy, Grazyna J., MD Reappointment Effective:	ACHN March 18, 2013 thru March 17, 2015	Active Physician
Tulaimat, Aiman, MD Reappointment Effective:	Pulmonary & Critical Care March 19, 2013 thru March 18, 2015	Active Physician
Wener, Jill L., MD Reappointment Effective:	Core Center/General Med. March 15, 2013 thru March 14, 2015	Voluntary Physician

Department of Pediatrics

Arora, Subash, MD Reappointment Effective:	Neonatology February 28, 2013 thru February 27, 2015	Service Physician
Davis, Vanessa, MD Reappointment Effective:	Endocrinology March 14, 2013 thru March 13, 2015	Active Physician
Ganesan, Rani, MD Reappointment Effective:	Critical Care March 14, 2013 thru March 13, 2015	Voluntary Physician

Department of Surgery

Arensman, Robert, MD Reappointment Effective:	Pediatric March 18, 2013 thru March 17, 2015	Active Physician
Kogan, Monica, MD Reappointment Effective:	Orthopedic March 18, 2013 thru March 17, 2015	Active Physician
Sidle, Douglas, MD Reappointment Effective:	Otolaryngology March 18, 2013 thru March 17, 2015	Voluntary Physician

APPROVED
FEB 28 2013
BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

John H. Stroger, Jr. Hospital of Cook County (continued)

Renewal of Privileges for Non-Medical Staff:

Argueta, Alejandra, PA-C With Bowman, Steven H. MD Alternate Feldman, Robert J. MD With Shah, Sejal, MD Alternate Rodriguez, Sergio H., MD Effective:	Emergency Medicine Medicine / General Medicine February 28, 2013 thru February 27, 2015	Physician Assistant
Cristofano, Michael V., PA-C With Hota, Bala N., MD Alternate Rezai, Katayoun, MD Effective:	Medicine / Infectious Disease February 28, 2013 thru February 27, 2015	Physician Assistant

Change of Membership Category with no Change in Privileges

Jasuja, Supriya, MD	Medicine	From: Affiliate Physician To: Consulting Physician
Nduka, Ngozi, MD	Pediatrics	From: Voluntary Physician To: Consulting Physician
Neafsey, Judy, MD Effective: March 31, 2013	Pediatrics	From: Active Physician To: Voluntary Physician

APPROVED

FEB 28 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Provident Hospital of Cook County

Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Board of Directors

REAPPOINTMENT APPLICATIONS

Department of Family Medicine

Lipkin, Julie, MD	Family Medicine	Voluntary Physician
Reappointment Effective:	March 14, 2013 thru March 13, 2015	
Smith, Nora, MD	Family Medicine	Affiliate Physician
Reappointment Effective:	February 28, 2013 thru February 27, 2015	

Department of Internal Medicine

Wong, Alton C.T., MD	Hematology/Oncology	Consulting Physician
Reappointment Effective:	April 13, 2013 thru April 12, 2015	

Department of Surgery

McShane, Maureen, T., DPM	Podiatry	Active Podiatrist
Reappointment Effective:	April 26, 2013 thru April 25, 2015	

Non-Medical Staff Privileges:

Baht-Yehudah, Adaminah, K., PA-C	Surgery / Urology	Physician Assistant
With John Canning R., MD		
Alternate Failma, Rogelio G., MD		
With Crawford, Clifford S., MD	Surgery / General Surgery	
Alternate Ansari, Shahid A., MD		
With Rafiq, Asad, MD	Internal Medicine	
Alternate Hamb, Aaron, MD		
Effective:	February 28, 2013 thru August 27, 2013	
Wyatt, Laura D., PA-C	Internal Medicine	Physician Assistant
With Moswin, Arthur MD		
Alternate Charles, Lesley A., MD		
Effective:	February 28, 2013 thru February 27, 2015	

APPROVED
FEB 28 2013
BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM

ATTACHMENT #5

Transmitting a Communication dated, February 21, 2013 from

MAUREEN O'DONNELL, Chief, Bureau of Human Resources

Transmitting herewith a Collective Bargaining Agreement for your consideration and approval.

Submitting a Proposed Resolution sponsored by:

TONI PRECKWINKLE, President, Cook County Board of Commissioners

Proposed Resolution

Approving Collective Bargaining Agreement

WHEREAS, the Illinois Public Employee Labor Relations Act (5 ILCS 315/1 et seq.) has established regulations regarding collective bargaining with a union; and

WHEREAS, a Collective Bargaining Agreement for the period of December 1, 2008 through November 30, 2012, effective the date of approval by the Cook County Board of Commissioners, has been negotiated between the County of Cook and Housestaff Association of Cook County representing Post Graduate Level Physicians and Chief Residents; and

WHEREAS, general wage increases and salary adjustments have already been approved and are reflected in the Salary Schedules included in the Collective Bargaining Agreement negotiated between the County of Cook and Housestaff Association of Cook County

NOW THEREFORE BE IT RESOLVED, that the Cook County Board of Commissioners does hereby approve the Collective Bargaining Agreement between the County of Cook and the Housestaff Association of Cook County as provided by the Bureau of Human Resources.

ATTACHMENT #6

CCHHS Comprehensive Dashboard
System Quality and Patient Safety

CCHHS Board of Directors
28 February 2013

Krishna Das, MD
Interim System Director, Quality and Patient Safety

Objectives

- Provide overview of data reported by regulation
- Identify areas of opportunity for quality improvement
- Discuss limitations of existing data
- Provide information as required to identify ‘Big Dot’ areas for Board reporting

Quality and Patient Safety
Areas of Responsibility

- Quality metrics and reporting (QA)
  - Accreditation and regulatory ('core')
  - Mandated by ACA/CMS
  - Value based purchasing (VBP)
- Patient safety
  - Hospital acquired conditions
- Patient satisfaction
  - HCAHPS ('Press-Ganey')

Externally reported

- *Sub-themes crucial to quality*
  - *Data management and data integrity*
  - *Clinical performance improvement (QI)*
  - *Culture of safety*

Internal factors

Overview of Quality Measurement

Evaluation Metric

- Structure
- Process
- Outcomes

Examples

- CORE Measures
- Hospital Acquired Conditions
- Readmissions & Mortality
- Patient Satisfaction

Quality Metrics – Process Measures

Please see detailed handouts of Quality Dashboard

Selected Process Measures – Inpatient Care

Indicator	Baseline	US Average	VBP Target
AMI-8a PCI within 90 minutes	75%	95%	93%
HF-1 Discharge instructions	89%	93%	93%
PN-3b Blood cultures in ED	90%	98%	97%
PN-6 Initial antibiotics	81%	95%	97%
SCIP-Inf-2 Antibiotic selection	96%	99%	98%
SCIP-Inf-4 Glucose after surgery	93%	96%	96%
SCIP-Inf-9 Urinary catheter removed	90%	95%	93%
SCIP-VTE-2 VTE prevention given	95%	97%	95%

Selected Process Measures – ED Throughput

Indicator	Baseline	US Average	Top 10%
Admitted Patients			
ED-1b Time from arrival to departure	636 min	274 min	175 min
ED-2b Time from admit to leaves ED	226 min	96 min	42 min
Discharged Patients			
OP-18b Time from arrival to departure	369 min	139 min	92 min
OP-20 Time from arrival to provider	168 min	29 min	14 min

Selected Process Measures – Immunization

Indicator	Baseline	Benchmark*	Top 10%
Inpatient Vaccination			
IMM-1a Pneumococcal Vaccine	42%	88%	98%
IMM-2 Influenza Vaccine	30%	86%	98%
New Measure			
HCP Vaccination	Not yet reported		
Outpatient Vaccination			
% of up to date vaccinations in children at 24 months	82%	72%	na

*Benchmark= US average for inpatient, HEDIS for outpatient

Discussion – Process Measures

Advantages

- Indicators are clinically relevant
- Provide opportunities for standardization of care and building excellence
- Build interdisciplinary processes
- Add value to care

Disadvantages

- Manual data abstraction is required
  - Sources of data
  - Quality of data
- Requires administrative reconciliation with billing and coding data
- Delays in reporting

Selected Outcome Measures
Hospital Acquired Infections

Infection Measure	Number of Infections	Ratio of reported to predicted (SIR)	US National SIR (benchmark)
Central line associated bloodstream infection	19	0.54	0.56
Catheter associated urinary tract infection	18	1.285	1.063
Surgical site infection – colon	0	0	0.821
Surgical site infection– hysterectomy	0	0	0.977
Total HAI/ year	37		

Selected Outcome Measures
Mortality and Readmissions

Diagnosis	Mortality		Readmissions	
	CCHHS	US Rate	CCHHS	US Rate
MI (heart attack)	15.5%	15.5%	**21.7%**	19.7%
Heart Failure	**9.8%**	11.6%	**25.9%**	24.7%
Pneumonia	**10.9%**	12%	**19.5%**	18.5%

Patient Satisfaction with Care

Domain	Q3	Q4	VBP threshold	CCHHS %ile rank
Communication with nurses	70%	68%	75	**4**
Communication with doctors	81%	80%	79	**47**
Responsiveness of hospital staff	51%	53%	62	**7**
Pain management	65%	61%	68	**6**
Communication about medicines	62%	54%	59	**6**
Hospital environment	53%	53%	63	**1**
Discharge information	89%	70%	81	**11**
Overall rating	61%	59%	66	**12**

Discussion – Outcome Measures

Advantages

- Drives harm reduction
- Represents interdisciplinary processes
- Reflects pay for performance metrics

Disadvantages

- Manual and time intensive data abstraction
- Administrative reconciliation is required
- Long delay in obtaining readmission data
- Patient satisfaction data limited by demographics

Cermak Indicators – DOJ

Indicator	2012 Q3 Performance	Target
Glycemic control for patients incarcerated > 120 days	44%	43%
Health nurse face to face assessment completion time (in hours)	64 hours	24 hours
% of patient grievances responded to within 10 days	96%	95%

Selection of 'Big Dot' Quality Measures Possible Criteria

- Significant impact on patient outcomes
- Greatest opportunities for improvement
- System-wide impact
- Measurement is accurate and reliable
- Aligns with strategic objectives
- Improves value of care
- Builds confidence in our health care system

Proposed Reporting Process
CCHHS Board

- Quarterly reports on selected metrics, alternating between:
  - Process measures
  - Outcome measures, and
  - Satisfaction data
- Highlight PI projects related to selected measures
- Highlight any exceptions to progress

STROGER DASHBOARD 2011 - 2012

Performance Measures	1Q 2011		2Q 2011		3Q 2011		4Q 2011		1Q 2012		2Q 2012		3Q 2012		4Q 2012	
ED	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
ED-1b Median Time from ED Arrival to ED Departure for Admitted ED Patients - Reporting												New	.	654.5 **		
ED-1c Median Time from ED Arrival to ED Departure for Admitted ED Patients - Observation												New	.	0/0		
ED-2b Admit Decision Time to ED Departure Time for Admitted Patients - Reporting Measure												New	.	226 **		
**The time (in minutes) will be displayed in the #pts column. There will be no percent for this measure because it is a continuous variable.																
ACUTE MYOCARDIAL INFARCTION (AMI)	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
AMI-1 Aspirin prescribed at arrival	100%	65/65	100%	70/70	100%	25/25	100%	65/65	98.6%	71/72	100%	62/62	100%	73/73		
AMI-2 Aspirin prescribed at discharge	100%	62/62	100%	66/66	100%	55/55	100%	63/63	100.0%	70/70	100%	57/57	100%	68/68		
AMI-3 ACEI or ARB for LVSD	100%	12/12	100%	14/14	100%	9\9	100%	18/18	100.0%	19/19	100%	7/7	100%	11/11		
AMI-5 Beta Blocker prescribed at discharge	98.2%	55/56	100%	65/65	96.5%	55/57	98.3%	59/60	98.6%	68/69	98%	51/52	100%	65/65		
AMI-8 Median Time to Primary PCI		.		83.5 **	.	82**	.	78.5 **	.	52.5 **	.	83 **	.	65 **		
AMI-8a Primary PCI received within 90 min of arrival	75%	3/4	100%	4/4	100%	5\5	83.3%	5/6	100.0%	2/2	100%	3/3	75%	3/4		
AMI-10 Statin Prescribed at Discharge			100%	66/66	98.3%	58\59	93.7%	59/63	94.1%	64/68	100%	58/58	97%	71/73		
*No cases eligible for inclusion within the denominator. **The time (in minutes) will be displayed in the #pts column. There will be no percent for this measure because it is a continuous variable.																

Performance Measures	1Q 2011		2Q 2011		3Q 2011		4Q 2011		1Q 2012		2Q 2012		3Q 2012		4Q 2012	
HEART FAILURE (HF)	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
HF-1 Discharge Instructions	71.2%	52/73	70%	50/71	62.5%	45/72	76.7%	56/73	93%	66/71	97.2%	70/72	89.4%	59/66		
HF-2 Evaluation of LVS Function	100%	77/77	100%	74/74	100%	72/72	98.6%	73/74	100%	74/74	98.6%	71/72	100%	67/67		
HF-3 ACEI or ARB for LVSD	100%	35/35	100%	32/32	100%	39/39	100%	36/36	100%	45/45	100%	26/26	97.3%	36/37		
HF-4 Adult Smoking Cessation Advice/Counseling	100%	24/24	100%	22/22	100%	33/33	100%	20/20	dropped	dropped	dropped	dropped	dropped	dropped	dropped	dropped
PNEUMONIA CARE (PN)	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
PN-2 Pneumococcal Vaccination	58.3%	7/12	75%	3/4	69.2%	9/13	84.6%	11/13	moved to IMM							
PN-3a Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients	new		100%	1	100%	1	100%	1	100%	3/3	100%	4/4	100.0%	3/3		
PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic	95%	38/40	94.4%	34/36	96.5%	32/37	94%	30/32	100.0%	37/37	96.3%	26/27	89.7%	26/29		
PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP)	80.6%	25/31	100%	21/21	New	New	New	New	69.0%	20/29	76.2%	16/21	81.5%	22/27		
SURGICAL CARE IMPROVEMENT (SCIP)	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
SCIP-INF-1 Prophylactic antibiotic received within one hour prior to surgical incision	96.9%	63/65	97.6%	80/82	98.8%	83/84	96.3%	78/81	94.7%	72/76	100.0%	58/58	97.1%	68/70		
SCIP-INF-2 Prophylactic antibiotic selection for surgical patients	92.3%	60/65	100%	82/82	97.6%	83/85	95.0%	76/80	95.9%	71/74	98.3%	57/58	95.7%	67/70		
SCIP-INF-3 Prophylactic antibiotics discontinued within 24 hours after surgery	96.9%	63/65	100%	80/80	96.4%	80/83	94.9%	74/78	97.30%	72/74	98.2%	55/56	98.5%	66/67		
SCIP-INF-4 Cardiac surgery patients with controlled 6 a .m. postoperative serum glucose	75%	15/20	91.2%	31/34	86.7%	26/30	81%	29/36	93.9%	31/33	82.6%	19/23	92.9%	26/28		
SCIP-INF-6 Surgery patients with appropriate hair removal	100%	98/98	100%	114/114	97.3%	107/110	99%	114/115	100.0%	108/108	100%	94/94	100%	102/102		

Performance Measures	1Q 2011		2Q 2011		3Q 2011		4Q 2011		1Q 2012		2Q 2012		3Q 2012		4Q 2012	
SCIP-Inf-9 Urinary catheter removed	new		100%	35/35	95.1%	39/41	100%	41/41	100.0%	38/38	100%	34/34	90%	34/38		
SCIP-Inf-10 Surgery Patients with Perioperative Temperature Management	new		100%	81/81	97.4%	74/76	100%	75/75	100.0%	72/72	99%	67/68	100%	73/73		
SCIP-Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	97.6%	40/41	100%	31/31	100%	33/33	97.1%	33/34	96.9%	31/32	95.7%	22/23	100%	33/33		
SCIP-VTE-1 Surgery patients with recommended venous thromboembolism prophylaxis ordered	97.6%	40/41	98%	59/60	98.2%	54/55	100.0%	58/58	98%	57/58	93.8%	45/48	94.7%	54/57		
SCIP-VTE-2 Surgery patients who received appropriate venous thromboembolism prophylaxis	97.6%	40/41	100%	59/59	96.4%	53/55	100.0%	58/58	98%	57/58	93.8%	45/48	94.7%	54/57		
IQR-IMM	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
IMM-1a Pneumococcal Immunization (PPV23) - Overall Rate										New	43.9%	75/171	30.2%	51/169		
IMM-1b Pneumococcal Immunization (PPV23) - Age 65 and Older										New	58.7%	27/46	40.5%	17/42		
IMM-1c Pneumococcal Immunization (PPV23) - High Risk Populations (Age 6 through 64										New	38.4%	48/125	26.8%	34/127		
IMM-2 Influenza Immunization										New	*	0/0	*	0/0		

*No cases eligible for inclusion within the denominator.

Performance Measures	1Q 2011		2Q 2011		3Q 2011		4Q 2011		1Q 2012		2Q 2012		3Q 2012		4Q 2012	
OQR PAIN MANAGEMENT	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
OP-21 Median Time to Pain Management for Long Bone Fracture (CMS)	New	New	New	New	New	New	New	New	New	New	.	133.5 **	.	203 **		
OQR-SURGERY	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
OP-6 Timing of Antibiotic Prophylaxis (CMS)	92%	35/38	97.1%	34/35	96.2%	50/52	93.3%	28/30	92%	35/38	98.1%	53/54	96.1%	49/51		
OP-7 Prophylactic Antibiotic Selection (CMS)	83.8%	31/37	57.1%	20/35	75%	39/52	63.3%	19/30	83.8%	31/37	90.7%	49/54	92%	46/50		
OQR-ED THROUGHPUT	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
OP-18a Median Time from ED Arrival to ED Departure for Discharged ED Patients -- Overall Rate (CMS)										New		323 **		340**		
OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients -- Reporting Measure (CMS)										New	.	0/85		324.5 **		
OP-18c Median Time from ED Arrival to ED Departure for Discharged ED Patients -- Observation Patients (CMS)										New	.	0/0		1562 **		
OP-18e Median Time from ED Arrival to ED Departure for Discharged ED Patients -- Transfer Patients (CMS)										New	.	0/0		0/0 *		
OP-19 Transition Record with Specified Elements Received by Discharged Patients (CMS)										New	47.90%	45/94	50.50%	51/101		
OP-20 Door to Diagnostic **Time** Evaluation by a Qualified Medical Personnel (CMS)										New		139 **		171.5 **		

PROVIDENT DASHBOARD 2011-2012

Performance Measures	1Q 2011		2Q 2011		3Q 2011		4Q 2011		1Q 2012		2Q 2012		3Q 2012		4Q 2012	
ED	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
ED-1b Median Time from ED Arrival to ED Departure for Admitted ED Patients - Reporting	New											New		620**		
ED-1c Median Time from ED Arrival to ED Departure for Admitted ED Patients - Observation	New											New		453**		
ED-2b Admit Decision Time to ED Departure Time for Admitted Patients - Reporting Measure	New											New		198**		
								0								
ACUTE MYOCARDIAL INFARCTION (AMI)	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
AMI-1 Aspirin prescribed at arrival	0%	0	0%	0	0%	0	0%	0	0.0%	0	0%	0	100%	1/1		
AMI-2 Aspirin prescribed at discharge	0%	0	0%	0	0%	0	0%	0	0.0%	0	0%	0	0%	0		
AMI-3 ACEI or ARB for LVSD	0%	0	0%	0	0%	0	0%	0	0.0%	0	0%	00	0%	0		
AMI-5 Beta Blocker prescribed at discharge	0.0%	0	0%	0	0.0%	0	0.0%	0	0.0%	0	0%	0	0%	0		
AMI-8 Median Time to Primary PCI	0.0%	0	0.0%	0	0	0	0	0	0.0%	0	0%	0	0	0		
AMI-8a Primary PCI received within 90 min of arrival	0%	0	0%	0	0%	0-Jan	0.0%	0	0.0%	0	0%	0	0%	0		
AMI-10 Statin Prescribed at Discharge	0.0%	0	0%	0	0.0%	0	0.0%	0	0.0%	0	0%	0	0%	0		

*No cases eligible for inclusion within the denominator. **The time (in minutes) will be displayed in the #pts column. There will be no percent for this measure because it is a continuous variable.

Performance Measures	1Q 2011		2Q 2011		3Q 2011		4Q 2011		1Q 2012		2Q 2012		3Q 2012		4Q 2012	
HEART FAILURE (HF)	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
HF-1 Discharge Instructions	94.9%	56/59	100%	47/47	98.0%	48/49	97.5%	39/40	94.8%	55/58	100%	36/36	95.1%	39/40		
HF-2 Evaluation of LVS Function	100%	60/60	100%	47/47	100%	51/51	100%	40/40	100%	59/59	94.4%	34/36	95.1%	39/40		
HF-3 ACEI or ARB for LVSD	100%	38/38	100%	26/26	100%	34/34	100%	28/28	100%	36/36	100%	21/21	100%	16/16		
HF-4 Adult Smoking Cessation Advice/Counseling	100%	27/27	100%	20/20	100%	21/21	100%	20/20	dropped	dropped	dropped	dropped	dropped	dropped	dropped	dropped
PNEUMONIA CARE (PN)	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
PN-2 Pneumococcal Vaccination	90.9%	10/11	50%	1/2	100%	1/1	100%	1/1	Moved to IMM							
PN-3a Blood Cultures Performed Within 24 Hours Prior to or 24	N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0		
in the Emergency Department Prior to Initial Antibiotic	40.6%	13/32	94.4%	17/18	100%	10/10	76.9%	10/13	78.9%	15/19	85.7%	6/7	2/2	100%		
PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP)	92.9%	26/28	100%	11/11	100%	10/10	100%	12/12	86.4%	19/22	100%	7/7	7/7	100%		
SURGICAL CARE IMPROVEMENT (SCIP)	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
SCIP-INF-1 Prophylactic antibiotic received within one hour prior to surgical incision			100%	15/15	100%	15/15	100%	21/21	100%	25/25	100%	18/18	100%	12/12		
SCIP-INF-2 Prophylactic antibiotic selection for surgical patients	"N/A		100%	15/15	100%	15/15	100%	21/21	100%	25/25	100%	18/18	100%	12/12		
SCIP-INF-3 Prophylactic antibiotics discontinued within 24 hours after surgery	N/A		100%	15/15	100%	15/15	100$	21/21	100%'	25/25	100%	18/18	100%	12/12		
SCIP-INF-4 Cardiac surgery patients with controlled 6 a .m. postoperative serum glucose	N/A		N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0		
SCIP-INF-6 Surgery patients with appropriate hair removal	N/A		100%	15/15	100%	15/15	100%	21/21	100%	26/26	100%	22/22	100%	15/15		

Performance Measures	1Q 2011		2Q 2011		3Q 2011		4Q 2011		1Q 2012		2Q 2012		3Q 2012		4Q 2012	
SCIP-Inf-9 Urinary catheter removed	N/A		N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0		
SCIP-Inf-10 Surgery Patients with Temperature Management	N/A		100%	14/14	100%	15/15	100%	20/20	100%	26/26	90.0%	18/20	100%	14/14		
SCIP-Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative	N/A		100%	1/1	N/A	0/0	100%	2/2	100%	3/3	100%	1/1	N/A	0/0		
SCIP-VTE-1 Surgery patients with recommended venous thromboembolism prophylaxis ordered	N/A		100%	10/10	100%	10/10	100%	20/20	95.5%	21/22	90.0%	18/20	100%	14/14		
SCIP-VTE-2 Surgery patients who received appropriate venous thromboembolism prophylaxis	N/A		100%	10/10	100%	10/10	100%	20/20	95.5%	21/22	90.0%	18/20	100%	14/14		
IQR-IMM	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
IMM-1a Pneumococcal Immunization (PPV23) - Overall Rate								New	26.2%	28/107	53.8%	49/91	72.3%	73/101		
IMM-1b Pneumococcal Immunization (PPV23) - Age 65 and Older								New	52.2%	12/23	57.9%	11/19	86.7%	13/15		
IMM-1c Pneumococcal Immunization (PPV23) - High Risk Populations (Age 6 through 64 years)								New	19.0%	16/84	52.8%	38/72	69.8%	60/86		
IMM-2 Influenza Immunization								New	52.5%	85/162	0%	0/0	0%	0/0		

*No cases eligible for inclusion within the denominator.

Performance Measures	1Q 2011		2Q 2011		3Q 2011		4Q 2011		1Q 2012		2Q 2012		3Q 2012		4Q 2012	
OQR PAIN MANAGEMENT	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
OP-21 Median Time to Pain Management for Long Bone								New		217**		232.5**		150**		
OQR-SURGERY	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
OP-6 Timing of Antibiotic Prophylaxis (CMS)	N/A		69.2%	9/13	62%	5/8	56.2%	9/16	71.4%	5/7	83.3%	5/6	100%	4/4		
OP-7 Prophylactic Antibiotic Selection for Surgical Patients	N/A		67%	6/9	67%	14/14	87.5%	14/16	100%	7/7	100%	17/17	100%	8/8		
OQR-ED THROUGHPUT	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts	%	# pts
OP-18a Median Time from ED Arrival to ED Departure for Discharged ED Patients -- Overall Rate (CMS)								New	-	308.5**	-	299.5**	-	263**		
OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients -- Reporting Measure (CMS)								New	0.0%	0/276	-	0/293	-	248**		
OP-18c Median Time from ED Arrival to ED Departure for Discharged ED Patients -- Observation Patients (CMS)								New	-	0/0	-	0/0	-	0/0		
OP-18e Median Time from ED Arrival to ED Departure for Discharged ED Patients -- Transfer Patients (CMS)								New	-	0/0	-	0/0	-	542**		
OP-19 Transition Record with Specified Elements Received by Discharged Patients (CMS)								New	96.1%	367/362	96.3%	390/405	96.3%	105/109		
OP-20 Door to Diagnostic Time Evaluation by a Qualified Medical Personnel (CMS)								New	-	147**	-	112.5**		80		

ATTACHMENT #7

Center for Total Health at Oak Forest

"Exploring New Approaches to defeating Chronic Disease in Our Communities"

Terry Mason, M.D., FACS,
Interim Chief Operating Officer
Cook County Department of Public Health

GUIDING PRINCIPLES

- Shift to **a population-centered** vs. hospital-centered health delivery model.
- Enhance **accessibility** to services.
- **Align service** delivery **with population demand** for services.
- Build **specialty care** capability to fulfill **unmet needs**.
- Extend primary care services through **partnerships.**
- Provide **quality-cost effective** healthcare.
- Focus on **service excellence**, employee satisfaction, and leadership development.
- Strengthen CCHHS **image** in the market.

Core Goals

I. Access to Health Services

II. Quality, Service Excellence, and Cultural Competence

III. Service Line Strength

IV. Staff Development

V. Leadership

Disparities in Access

CCHHS access points are not aligned with the poorer parts of the county, many of which have seen considerable population migration

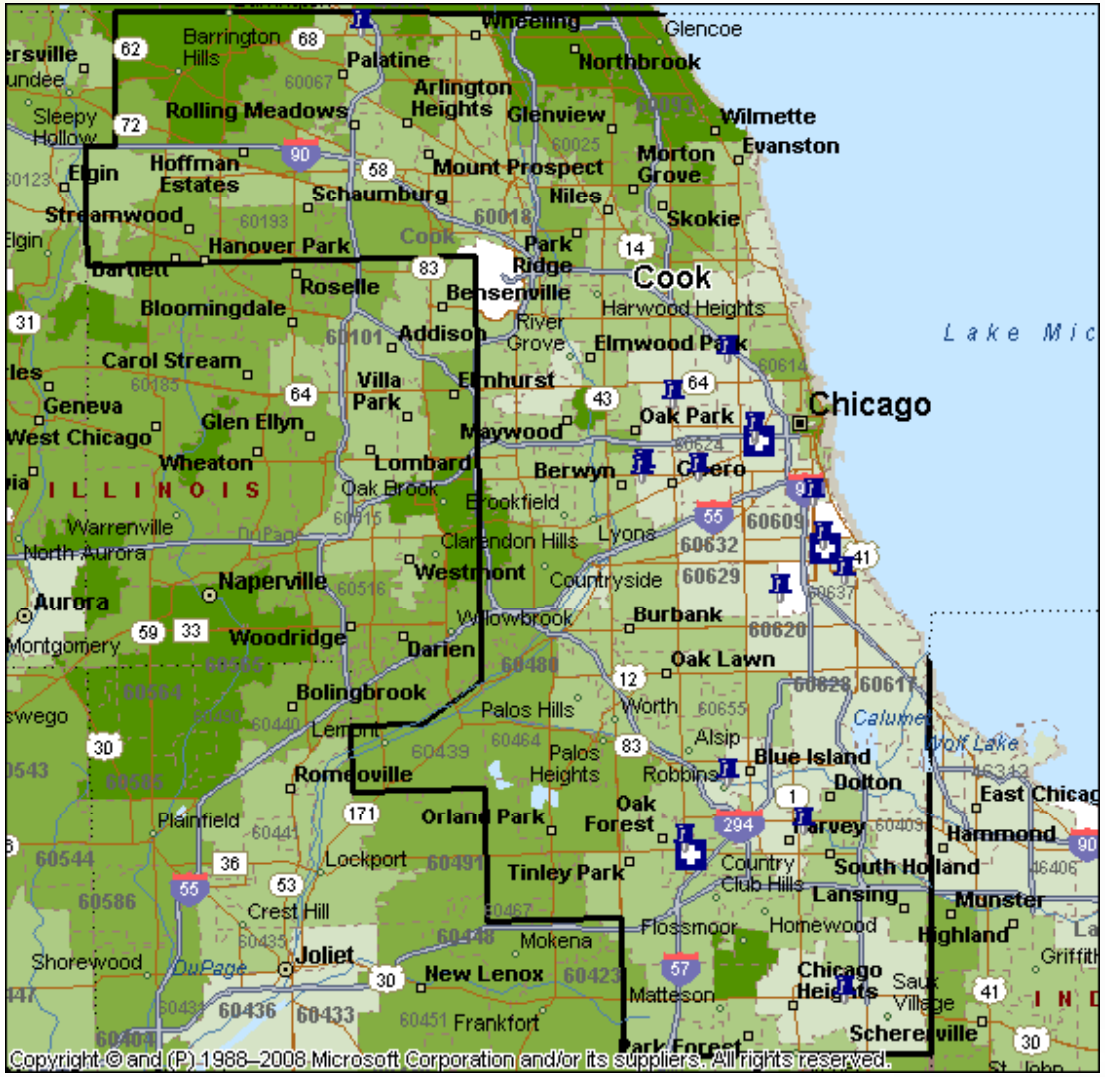
CCHHS Locations and Median Household Income by ZIP Code

ACHN Locations

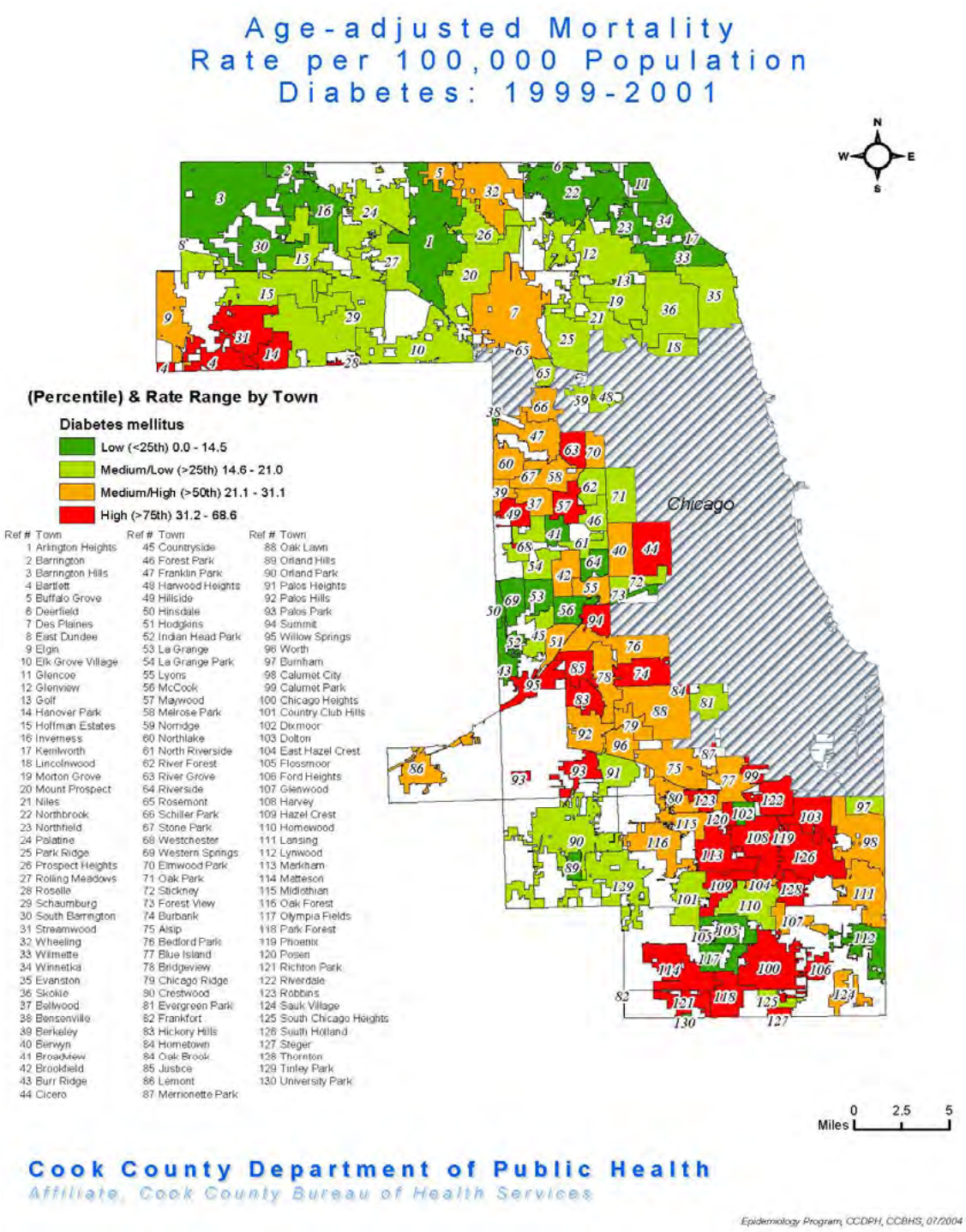
Hospitals

Median HH Income (2007)

- $100,000 to $500,000
- $75,000 to $99,999
- $50,000 to $74,999
- $25,000 to $49,999
- $0 to $24,999



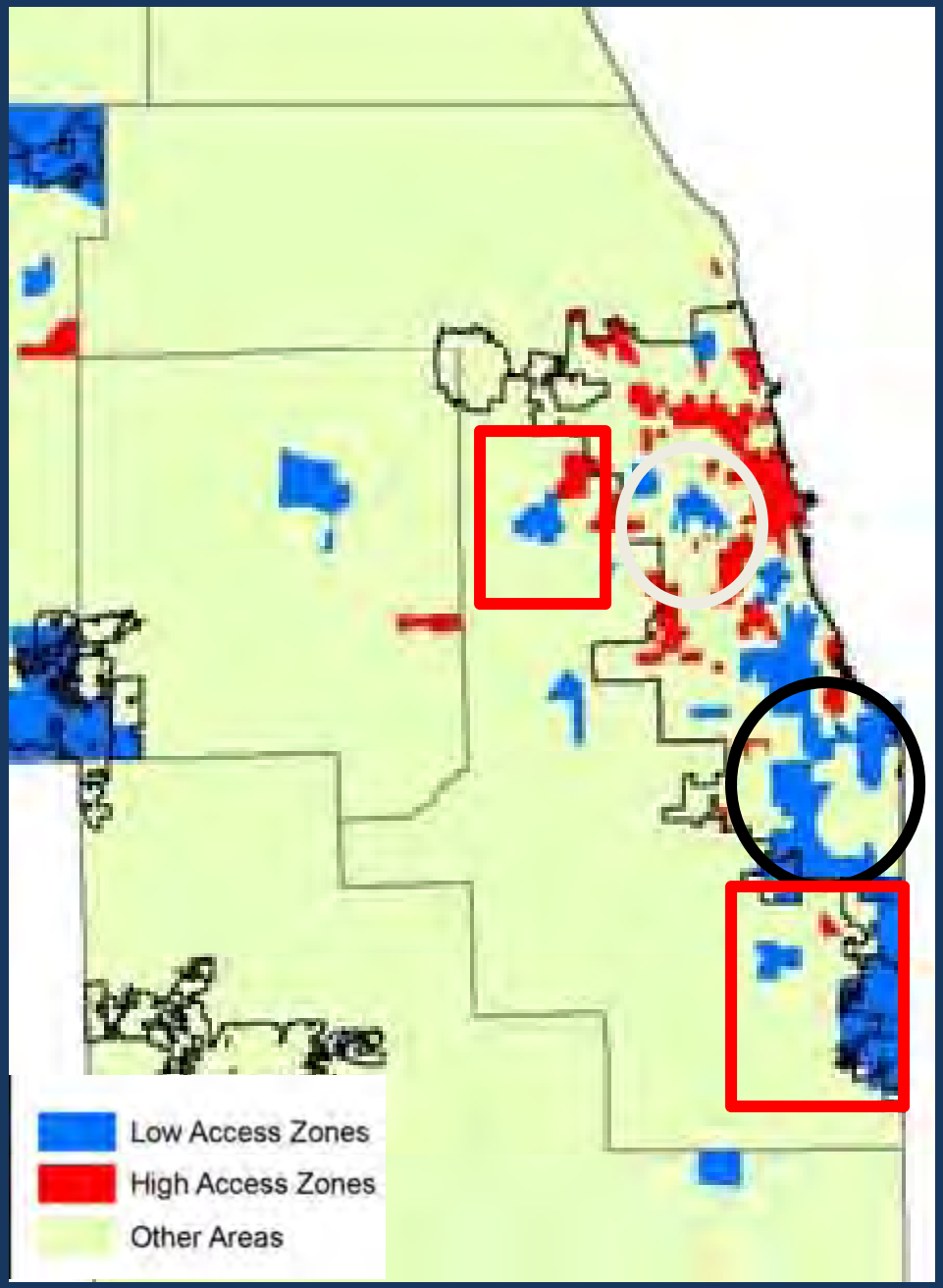
Sources: CCHHS; Microsoft MapPoint data



Deaths for Diabetes Mellitus (Percentile) and Rate Range by Town

Source: wePLAN, CCDPH, 2005

RED = High >75th 31.2 - 68.6



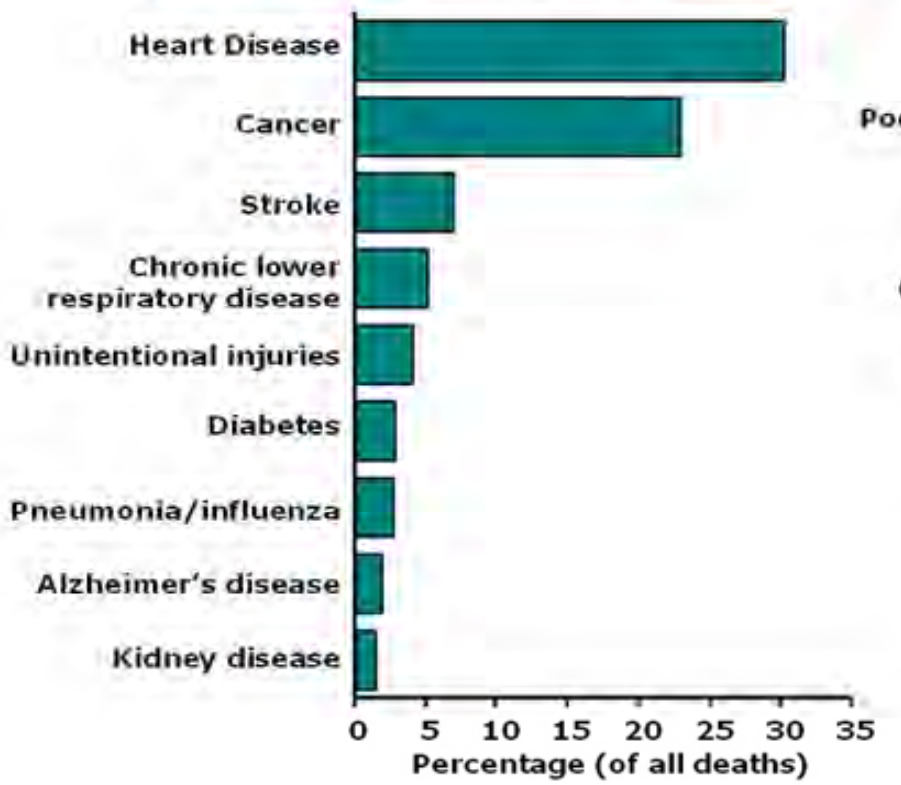
Access to Food

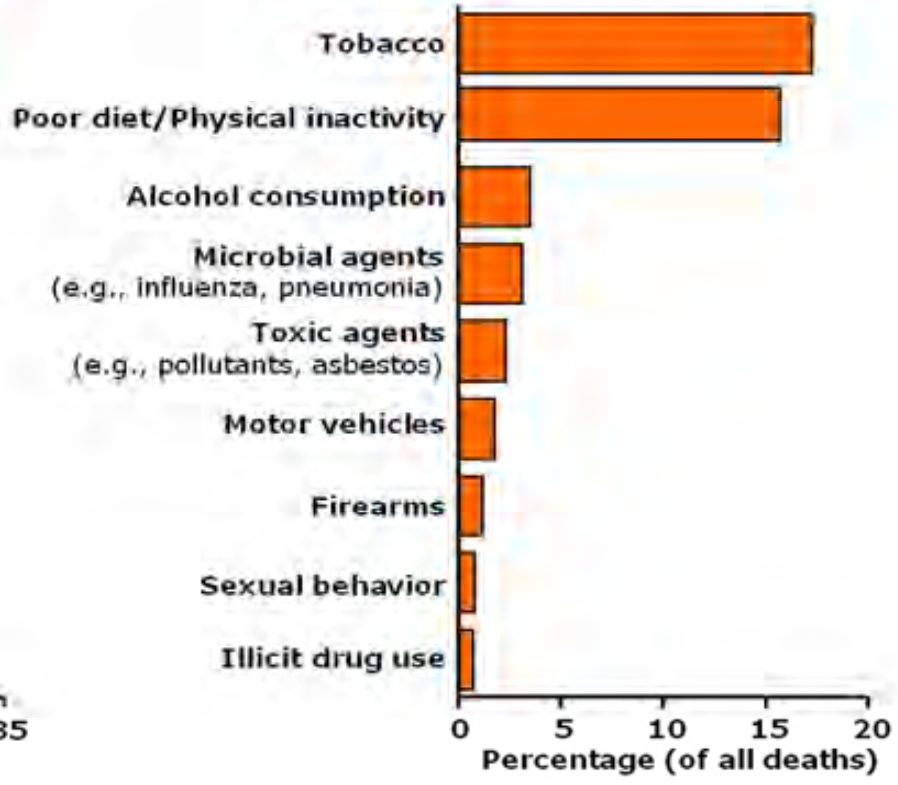
- "Food Deserts"
  (Lack of large supermarkets)
- Low income and minority communities most affected
  - Chicago:
    - Southside/Westside
  - Suburb:
    - South/West suburbs

Geographic Health Disparities

Rates are higher for all race/ethnic groups in south cook county for:

- Coronary Heart Disease Mortality
- Colorectal Cancer Mortality
- Teen Birth Rate
- Sexually Transmitted Diseases
- Youth Asthma Hospitalizations





* Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.
† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.

Center for Total Health

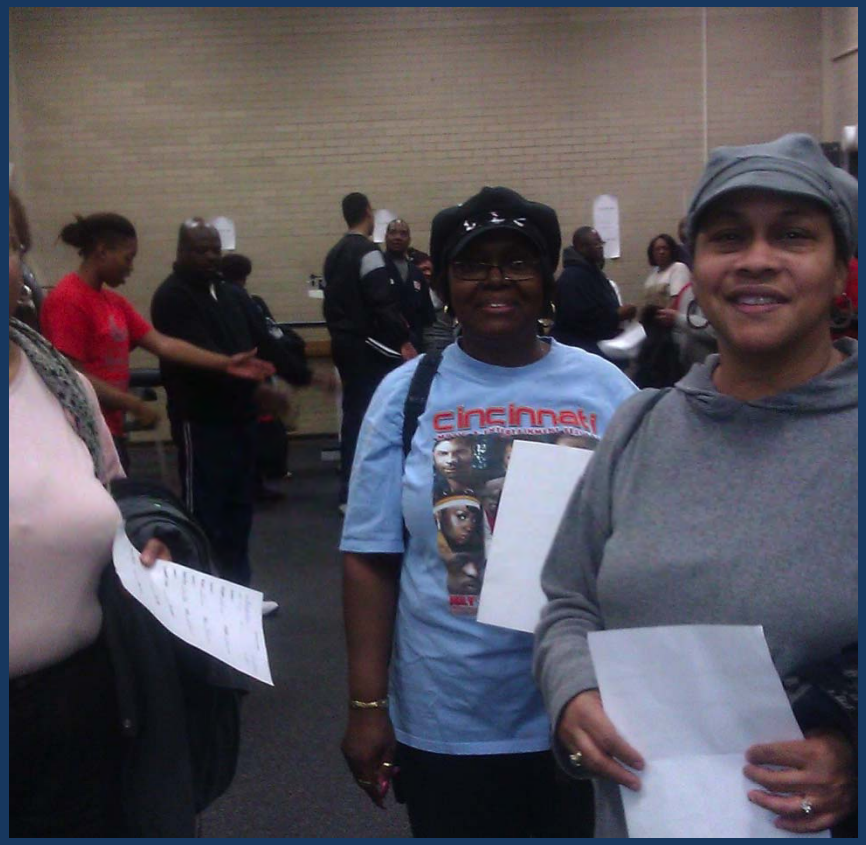
"Exploring New Approaches to defeating Chronic Disease in Our Communities"

Using Food as Medicine

To Make the Home the "Medical Home"

The People want to know!

Malcolm X- Fitness



Trinity

Center for Total Health

General Overview

Positive Challenges

- Patient Protection & Affordable Care Act mandates
- Close medical care disparity gaps in Cook County
- Prescriptively apply food, nutrition, and lifestyle protocols to health and wellness treatments
- Help county residents turn their home into their primary source for treatment, health, and wellness care… their

True "Medical Home"!

The Center for Total Health Model

- Evidence based Wellness-care delivery system
- Comprises Seven Institutes
- Promotes Individual & Collective Wholeness
- 21st century move from Disease/Sick-care to wellness-care & regenerative health
- Improves Community & Employee health outcomes
- Revitalizes Public Health practices & healthcare delivery

The Center for Total Health
What is Total Health?

Total Health

a state of regeneration that enhances an individual's ability to enjoy

life, family, and community.

The Center for Total Health
Mission

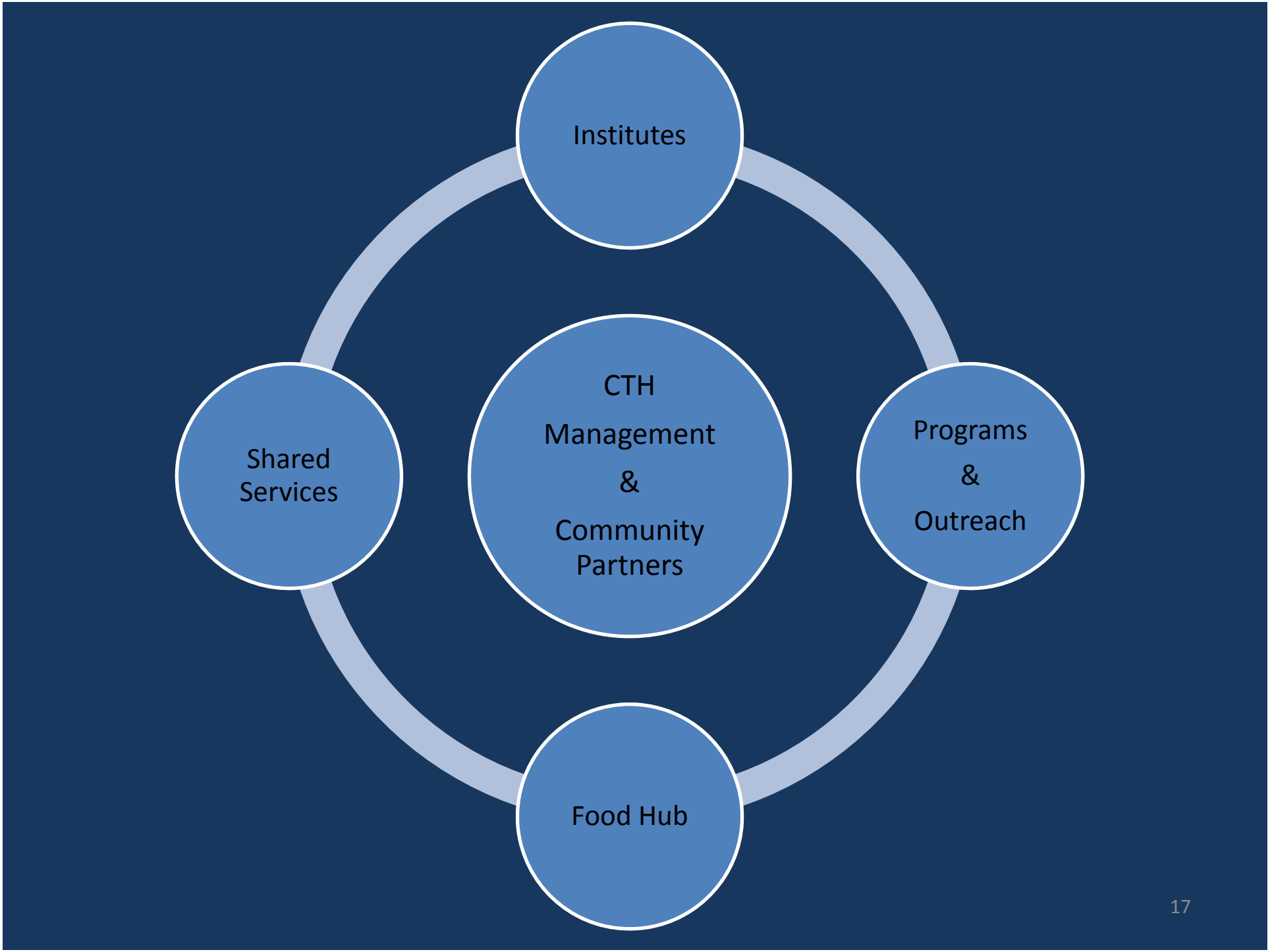
- To create sustainable communities that model Total Health

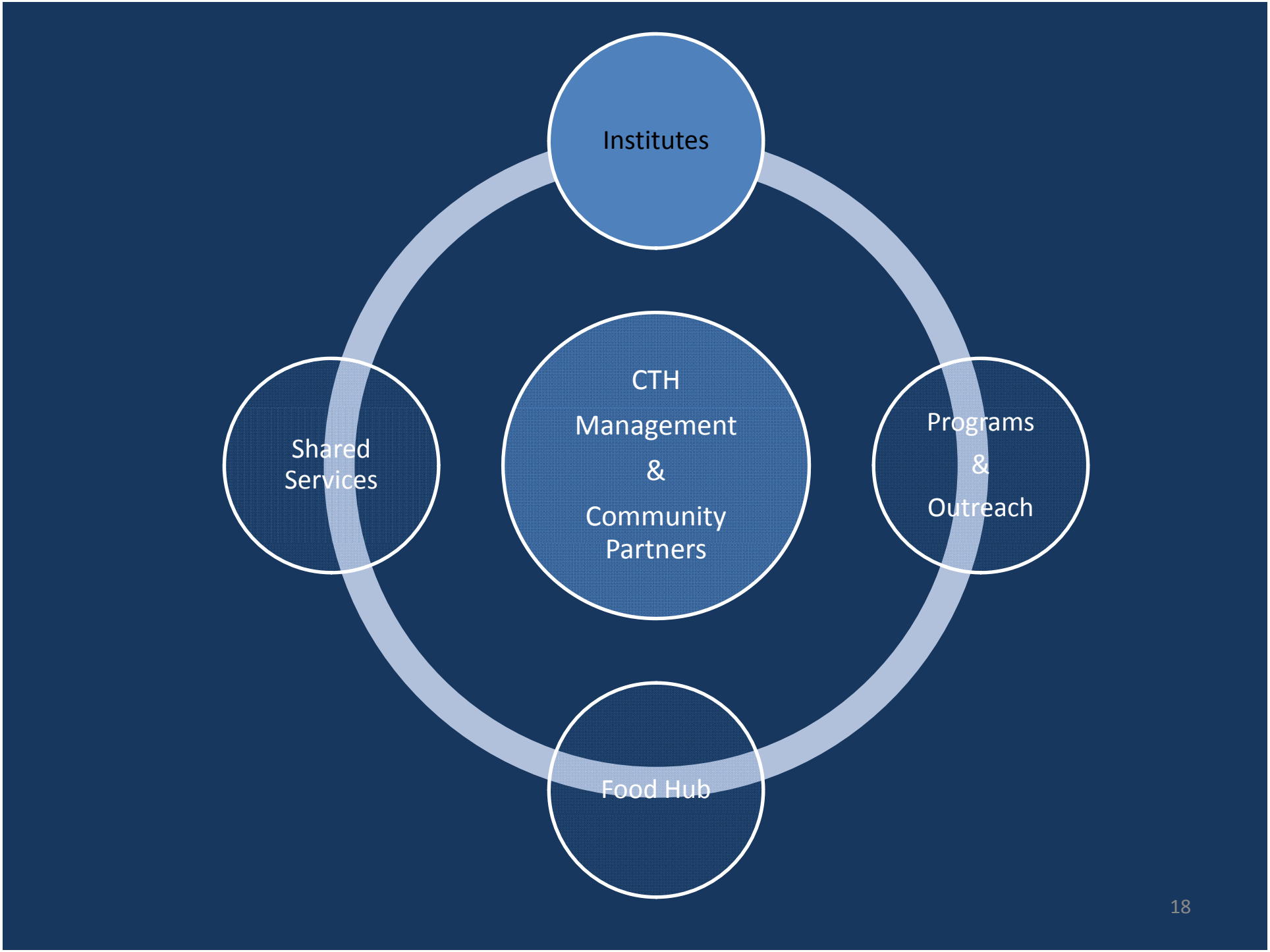
The Center for Total Health Credo

I believe Total Health is my right and responsibility; as such I commit my mind, body, and spirit toward experiencing and sharing Total Health, everyday.

Therefore I will:

- Drink water daily
- Practice Peace & Love
- Exercise my body, mind and spirit regularly
- Give and Receive freely
- Eat Plenty of Fruits and Vegetables
- Seek Spiritual Harmony
- Be Behaviorally & Sexually Responsible
- Honor my “true” self
- Live my purpose

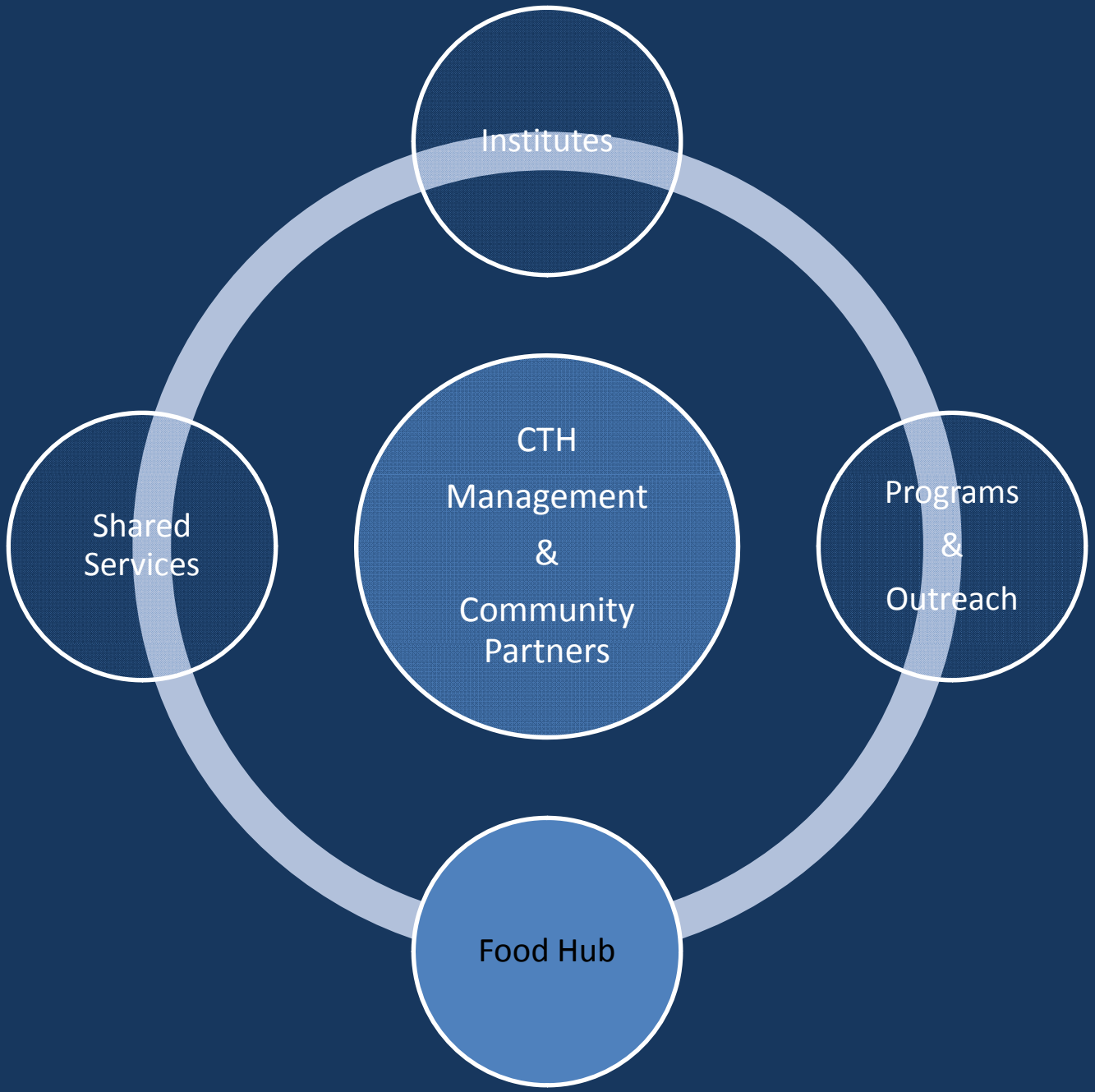

Institutes
Shared Services
CTH Management & Community Partners
Programs & Outreach
Food Hub


Institutes
Shared Services
CTH Management & Community Partners
Programs & Outreach
Food Hub

The Center for Total Health: Institutes

The Institutes Division is the Center's research and content creation services division. There are seven institutes in the Center for Total Health:

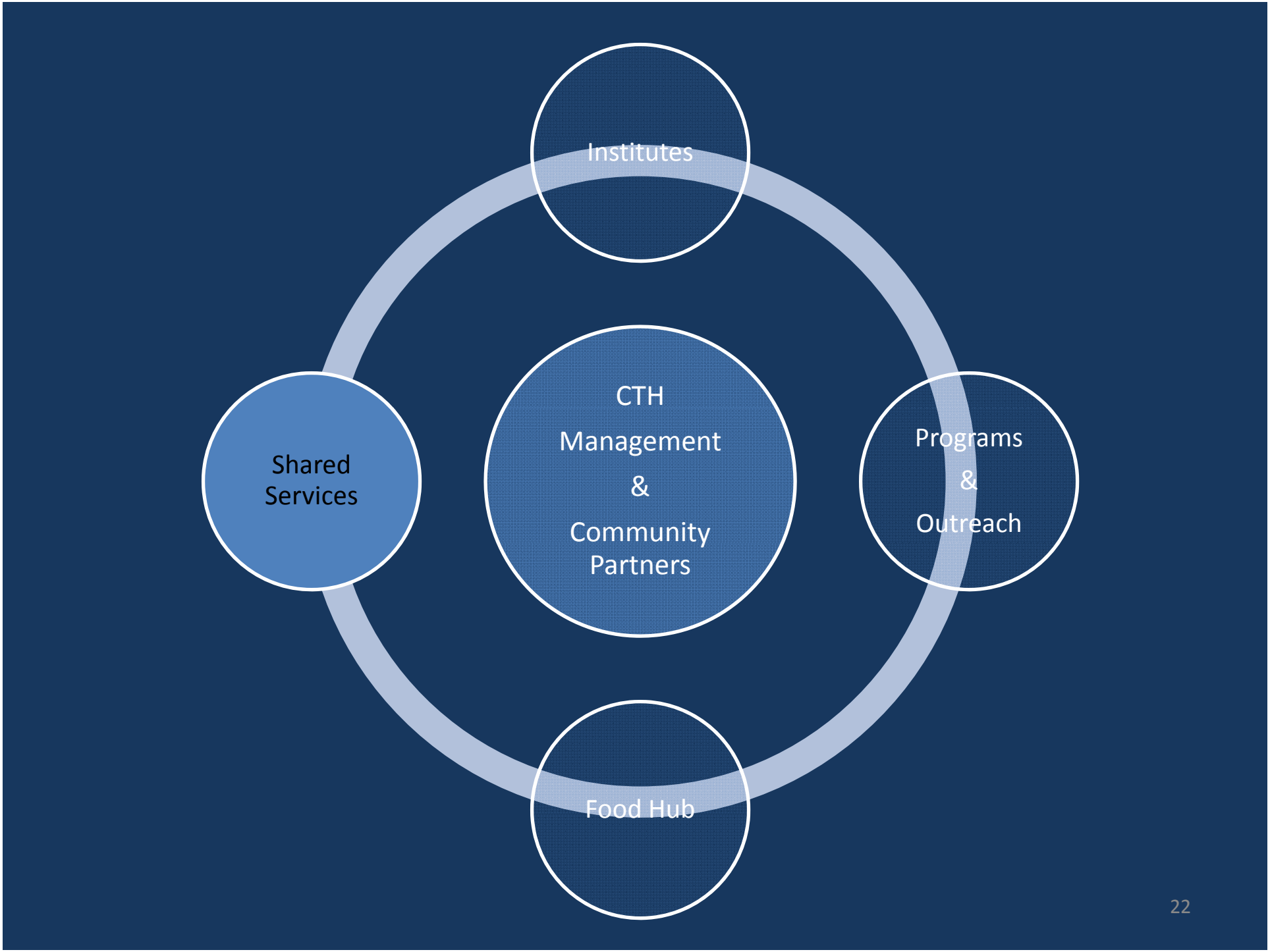
- Food Science
- Movement
- Addiction-Release
- Social Determinants of Health
- Healthcare Delivery
- Mind/Body/Spirit Studies
- Employee Wellness


Institutes
Shared Services
CTH Management & Community Partners
Programs & Outreach
Food Hub

The Center for Total Health: Food Hub

The Food Hub Division is our food sourcing, processing, and distribution unit. The Food Hub will provide the following services:

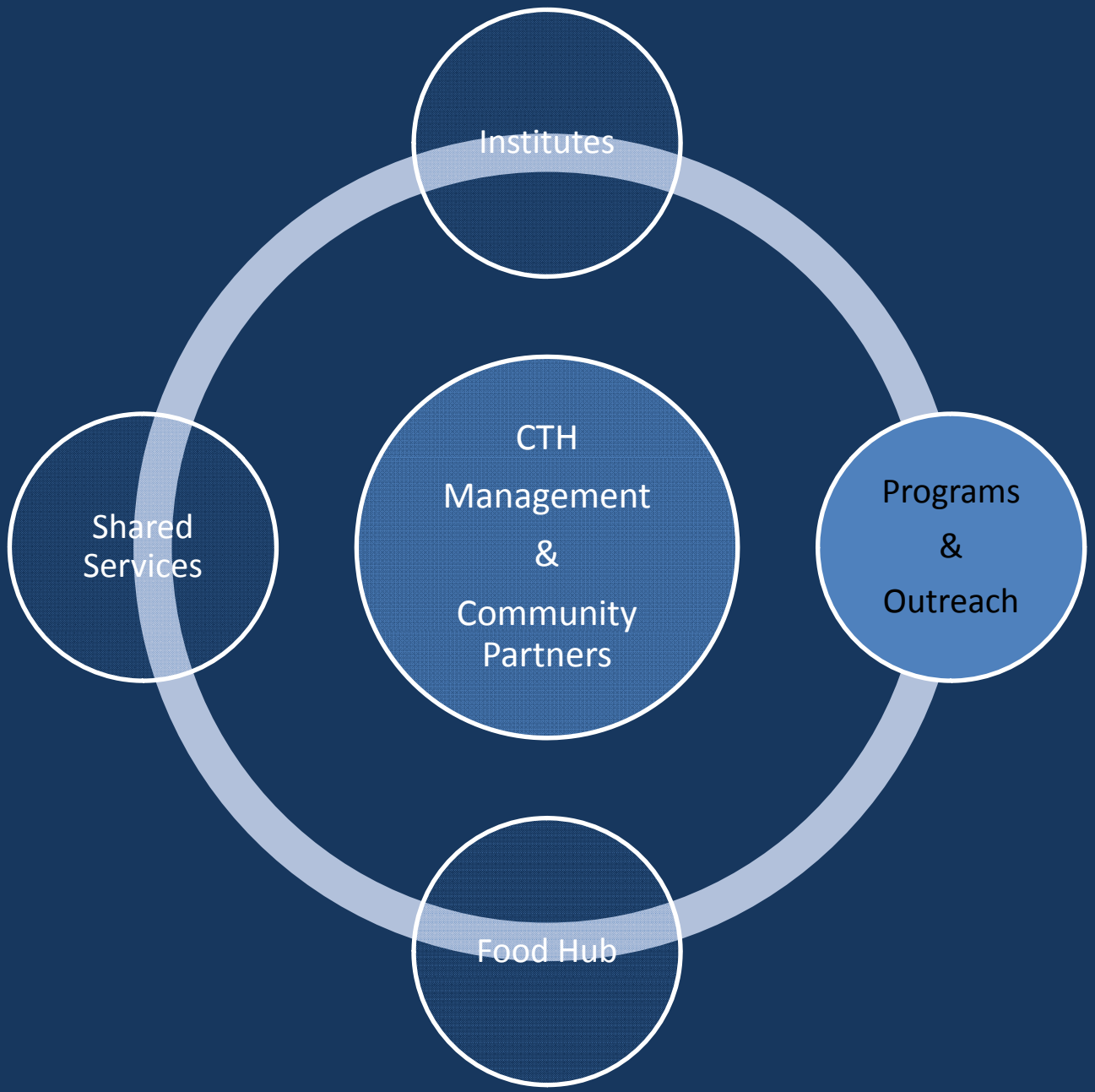
- Local Food Sourcing & Management
- Urban Farm & Gardening Services
- Food Processing & Packaging
- Total Health Cooking Academy & Kitchen Incubator


Institutes
Shared Services
CTH Management & Community Partners
Programs & Outreach
Food Hub

The Center for Total Health: Shared Services

The Shared Services Division, our daily operations center, keeps all aspects of the Center for Total Health functioning as an integrated unit. This division is comprised of the following:

- Business Development
- Internal Operations
- Corporate Affairs


Institutes
Shared Services
CTH Management & Community Partners
Programs & Outreach
Food Hub

The Center for Total Health: Programs & Outreach

The Programs & Outreach Division will facilitate the design, development, delivery and management of the Center's outreach initiatives. The Programs & Outreach Division is comprised of the following:

- Community Intervention & Training programs
- Corporate Training
- Conference & Webinar Services

The Center for Total Health
What is Success?

- Empowered healthy & whole people (resilience)
- Increased consumption of plant-based foods
- Reduction in healthcare expenses
- Improved community health outcomes
- Revitalized food & nutrition networks
- Resilient community clusters in Cook County


KITCHEN
PHASE 2 LIVING
AUDITORIUM
MIND, BODY & SPIRIT
ADMIN
PROGRAM & OUTREACH
INSTITUTE - PHASE 1 LIVING
CEDAR CIRCLE
BIRCH DRIVE
FOREST DRIVE
OAK DRIVE
ELM COURT
OLD OAK COURT
MAPLE LANE
SPRUCE DRIVE
LOCUST DRIVE
LOT 2A
LOT 2B
LOT 3
LOT 5
LOT 7
LOT 8
LOT 10
LOT 12
F LOT
BUILDING C 006
STORE ROOM 23 051
DIETARY OFFICES 020
LAUNDRY ANNEX/ STORAGE 21 031
BUILDING E (OLD) 009
KITCHEN 028
SNEED HALL 049
EMPLOYEE CAFETERIA 045
BUILDING B 005
MEDICAL SOCIAL SERVICE 035
PROTESTANT OFFICES 040
PROTESTANT CHAPEL 040
LIBRARY 045
RECREATION BUILDING 045
CATHOLIC CHAPEL (ADDITION) 013
BUILDING E (NEW)
COUNTY STORAGE 019
CATHOLIC CHAPEL 013
BUILDING A 004
ADMINISTRATION BUILDING 002
COMFORT STATION 016
BUILDING F 010
LABORATORY & MORGUE 029
GREENHOUSE 025
PUBLIC AID OFFICES/ PUBLIC SAFETY OFFICES/ BUILDING F ANNEX 041
BUILDING J 012
EMPLOYEE RESIDENCE 023
EMPLOYEE ANNEX 022
BUILDING H 011
MEDICAL RESIDENCE 034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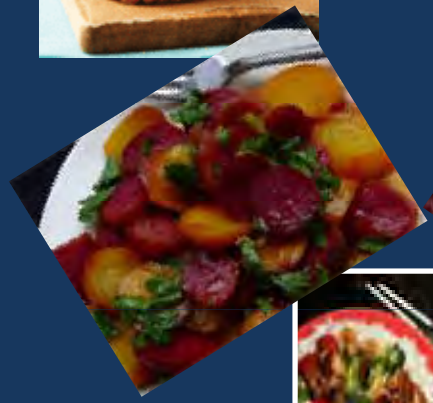
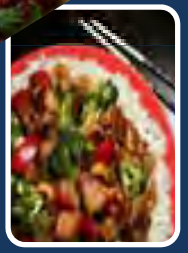
05/10/2012 12:37


WELCOME
OAK FOREST HEALTH CENTER
DEMONSTRATION GARDEN
COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS
UNIVERSITY OF ILLINOIS
EXTENSION
GARDEN 3
FIRST AID KIT LOCATED IN GARDEN 2


UNIVERSITY OF ILLINOIS
EXTENSION

Thank You !





ATTACHMENT #8

RAM RAJU, MD, MBA, FACHE, FACS
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH AND HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
February 28, 2013

CCHHS ORGANIZATIONAL STRUCTURE

In 2012, we embarked on a major transformation of our healthcare delivery model. With the advent of the Affordable Care Act, the healthcare paradigm is changing across the country. Health systems will now be rewarded for keeping people well. We are moving away from the traditional episodic delivery model and shifting our emphasis to primary and preventive care and to coordinating the right care at the right time to keep our patients well.

As the lifeblood of our System, you know our incredible culture of resiliency. You are also aware of the challenge facing us in this unique moment in the healthcare industry. It would be irresponsible to our System's rich history and to our patients to believe we do not need to change in the face of this remarkable shift. We must transform our patient care delivery model. And, we must do so quickly if CCHHS is to survive to continue in our mission of providing healthcare with dignity and respect without regard to the ability to pay to the most vulnerable patient population, including those who will remain uninsured after the full implementation of the Affordable Care Act.

To successfully transform, we need the right vision, the right plan, the right leadership and the confidence to execute that plan. Today, we take a step forward on leadership with a new organizational structure designed expressly to facilitate our new delivery model. A copy of the new organizational structure is attached, but I want to share some of the critical details with you.

Over the past year, we have taken several significant steps towards implementing our plan to deliver on our vision. We took the first major step in our transformation when we established CountyCare after we received approval for the 1115 Waiver. Simultaneously, we piloted the Patient-Centered Medical Home model in 5 of our ambulatory clinics. Earlier this year, we launched our Project Management Office (PMO). The PMO has been meeting regularly and we are already seeing the benefits of this new way to plan, execute, monitor our work and celebrate our achievements.

As the Health System's transformation progresses, many of the initiatives being treated as projects today will become our new day-to-day reality. This will require our teams to organize themselves and interact with each other in a different way. For that reason and as the next step in our transformation, we are implementing a new organizational structure with important changes to our executive team and their responsibilities. Recently, we received authority from the Court in the Shakman Consent Decree for me, in my capacity as CEO, to make direct appointments to a number of key leadership positions that was a necessary precursor to our rolling out our new structure.

In conjunction with this new organizational structure, we established certain new positions including the following:

- **Executive Director of Managed Care**: As enrollment in CountyCare increases and we continue in our transition to the managed care model, the activities that can be treated on a project basis today will require a dedicated team to manage them on a daily basis. Accordingly, we are creating the Department of Managed Care led by the Executive Director of Managed Care. We are currently recruiting for this position as well as for other positions in this new Department.

- **Chief of Clinical Integration**: Coordinated care is the core of our new care delivery model. All our hospitals, community clinics, laboratories and pharmacies need to operate in an integrated way with the same quality and patient safety standards. Jay Shannon, M.D. will be our Chief of Clinical Integration. He will join the team this coming Monday, February 25th at which time I will issue a formal announcement. In this new role. Dr. Shannon will lead the following teams:

- **Outpatient Services**: Primary and specialty care delivered at our community clinics is the cornerstone of the patient-centered medical home concept. We will have a Chief Operating Officer, Outpatient Services who is responsible for preparing and operating all of our outpatient clinics effectively and efficiently (which includes managing our scheduling and referral processes) and co-designing our clinical model with our physicians, nurses and other providers. Outpatient Services will include all CCHHS outpatient clinics – community clinics, outpatient clinics attached to or located within a System Hospital and the Ruth M. Rothstein CORE Center. The detail of the Outpatient Services structure will be shared with you as soon as it is finalized. Kathi Braswell will be the Interim Chief Operating Officer, Outpatient Services.

- **Inpatient Services**: We will have a Chief Operating Officer of Inpatient Services. Similar to the Chief Operating Officer, Outpatient Services, the Chief Operating Officer, Inpatient Services is responsible for preparing and operating Stroger Hospital, Provident Hospital and Cermak Health Services, to deliver high-quality, effective and efficient inpatient care. Jay Shannon, M.D. will be the Interim Chief Operating Officer, Inpatient Services while we recruit for this position.

- **Clinical Shared Services**: Building on the coordination concept, we are grouping our laboratories, imaging facilities, pharmacies and diagnostic services. This team will be lead by the Executive Director of Clinical Shared Services. This team has an important role of serving not only our patients but also their internal "customers", namely the medical staff and other providers working in our hospitals and clinics. Jay Shannon, M.D. will be the Interim Executive Director of Clinical Shared Services while we recruit for this position.

- **Quality, Patient Safety, Regulatory and Accreditation**: In all this transformation, quality and patient safety remain our priority. Ensuring that all our locations deliver high quality, safe health care is the responsibility of everyone who works within CCHHS. Coordinating and leading this effort is the Director of Quality, Patient Safety, Regulatory and Accreditation. Krishna Das, M.D. is the Interim Director of Quality, Patient Safety, Regulatory and Accreditation.

- **Professional Education and Research Affairs**: Our hospitals and clinics are not only the place where thousands of Cook County residents receive care, but also the place where our providers train and prepare the next generations of physicians, nurses and other healthcare providers. John O'Brien, M.D. is the Director of Professional Education and we will recruit the Director of Research Affairs. These leaders are responsible for coordinating our educational and research needs into our clinically integrated operating model.

- **Chief Business Officer**: Running a health care facility effectively and efficiently requires the support of many business and support functions, such as Supply Chain Management, Hospitality Services (Nutrition/Food Service, Patient Transportation, Environmental Services), Support Services (Chaplains, Interpreters, Volunteers) and Clinical Engineering. These functions are now grouped together and managed by the Chief Business Officer. Anthony Rajkumar will be our Chief Business Officer. He will join the team Monday, March 4th, at which time I will issue a formal announcement.

- **Director of Project Management and Operational Excellence:** As we continue in our transformation, having a strong team of project managers that help us prioritize and organize our efforts in projects will be critical. Additionally, this team will evaluate our operations and processes on an ongoing basis, identify areas for improvement and structure projects to deliver operational excellence. The Program Management Office, led by the Director of Project Management and Operational Excellence is housed under the Chief Business Officer team. We will be posting this position.

- **Chief Strategy Officer**: We have made important progress in implementing our vision, but we still have a long road ahead. We are establishing the Chief Strategy Officer position, which will provide our Board of Directors and me, in my role as CEO, with recommendations grounded on a robust analytical fact base. We are currently recruiting for this position. The individuals reporting to the Chief Strategy Officer include the following:

- **Director of Patient Experience:** In any strategy we pursue, improvements to Patient Experience must be a priority. Listening to our patients' opinions, understanding their needs and investigating the root causes of issues are the roles of the Patient Advocates, led by the Director of Patient Experience. We will be posting this position. Jack Daley will be the Interim Director of Patient Experience.

- **Executive Director of Communications:** Clearly communicating with our internal and external audiences (community, partner organizations, and public in general) is imperative for the successful implementation of our strategy. This role will be the responsibility of the Executive Director of Communications, supported by the Director of Media and Public Relations and the Director of Community Affairs. We are currently recruiting for this position.

This new organizational structure is effective this coming Monday, February 25th. We are working diligently to staff vacant leadership positions with the best candidates. There will necessarily be a period of transition as we work together to resolve any issues that arise as we move to this new organizational structure. With your cooperation, we will be reviewing and making necessary changes to the next level of infrastructure as well.

I understand that going through changes of this magnitude can be unsettling. I want to be as transparent as possible in this process. I have met with most of the leaders of the teams and have meetings scheduled later this week with Nursing and Physician leadership. In addition, we have our Quarterly Management Meeting on March 6th at which time I will be happy to answer your questions.

As always, our main priority remains to provide access to high quality, safe care to our patients. I am proud to lead a system with such a rich history of service to our community. I look forward to working together with you and ensuring CCHHS succeeds so we can continue to deliver on our mission.

Attachment – CCHHS Organizational Structure

THANK YOU

As evidence of our growing credibility, we have gained the confidence of community stakeholders who have offered their pro bono assistance.

In that regard, I wish to gratefully acknowledge the Civic Consulting Alliance which has recruited superior talent from top firms to work pro bono in helping the health system with our transformation. Among the firms giving of their time and expertise was Bain & Company.

- Bain helped develop a leadership structure that supports our vision of a primary care-driven, coordinated model
- Bain also developed our Program Management Office establishing a portfolio of initiatives selected, planned and managed in a coordinated way to achieve the defined objectives.

Those individuals from the Bain Team that tirelessly lent their time and talent are:

- Jim Rechtin
- Keith Bevans
- Corrie Carrigan
- Teo Ornelas
- Carrie Sweeney
- Adrian Lim
- Haley Marwell-Gregg
- Chengyi Lin
- Meg Hickey

Thank you all, you have left your mark on our Health System.

CHAMPIONS PROGRAM

Introduction

- Our staff is the lifeblood of our organization – they shape the journey of the patients we exist to serve.
- Last October, I selected a few frontline managers and "Champions" from senior leadership. Their charge was to re-spark employee engagement, focusing on how we serve our patients.

Impact

- Over the last few months, the Champions and their pilot managers have successfully engaged frontline employees in sharing ideas, picking a change that would improve patient experience, determining how to implement that change as a team, and measuring their progress toward a target goal.
- **Kina Montgomery (General Medicine Clinic)**, with support from Champion **Dr. Bala Hota**, is piloting a patient-centered "Care Team" model in her clinic.
    - Now clerks, nurses, and doctors work together during patients' appointments to provide a streamlined, patient-centered experience.
    - Total wait time in **GMC is now 40 minutes shorter in the pilot team, which represents a 25% decrease for our patients**.
- **Gwen Williams (Pre-Processing Center)**, with support from **Patient Access Director Dorothy Richardson** and Champion **Sidney Thomas**, is working with her staff to inform more patients about CountyCare during the pre-registration process.
    - In the first half of February alone, **346 patients learned about CountyCare and were referred to the call center** through the pre-registration process.
- Our frontline employees involved in the pilot have been very excited about their progress – Gwen's team reports that they feel like they "have a voice" in helping patients, and Kina's employees and patients love the new process.
- These managers are setting an example for results-driven accountability, which is being adopted throughout our System. They are setting the example of "What can I do better?" by measuring their effectiveness each day.
- Through their work, Kina and Gwen have demonstrated themselves to be Champions of the CCHHS experience. I thank them for their leadership, and I am excited to see them serve as role models for our System.

PUBLIC HEALTH UPDATE

Cook County Department of Public Health continues on its path toward accreditation. A mock site review was conducted on February 1, 2013 to review documents submitted that were submitted to support the standards and measures. Twenty-five percent of documents were reviewed. Valuable feedback was provided to the CCDPH Accreditation Team in preparation for the final submission of documents. Final submission of documents is on target for March 30, 2013.

The Communicable Disease Control (CD) Unit continues to conduct active surveillance of influenza activity from sentinel sites including Ambulatory and Community Health Network sites in suburban Cook County. Influenza activity has started to decline in the area. Over the past month, there has been a decrease in the number of ICU admissions associated with influenza and reports of influenza like illness from emergency rooms in suburban Cook County. The CD Unit continues to actively investigate outbreaks of Norovirus in the community mostly in long-term care facilities and restaurants. The CD Unit is actively conducting a contact investigation for TB in a suburban high school.

The Childhood Lead Poisoning Program (LPPU) submitted a grant application to HUD seeking $3,000,000 over 3 years to conduct lead-based paint hazard reduction and outreach through the Cook County Lead Education, Engagement and Remediation Project (CCLEER). This grant will focus on 200 housing units of children with blood lead levels between 5ug/dL and 9ug/dL in the highest risk areas of suburban Cook County – Maywood, Bellwood, Cicero, and Berwyn. These levels are below current Illinois Department of Public Health (IDPH) requirements but consistent with the new recommendations of the Centers for Disease Control and Prevention for lead poisoning intervention.

The Community Preparedness and Coordination Unit (CPCU) is scheduled for its annual review of public health preparedness plans and activities against Centers for Disease Control and Prevention standards on February 21, 2013. CPCU continues to work with the communities of Forest Park, River Forest, and Elmwood Park in planning to exercise the community-dispensing plan scheduled for April 2013.

The Policy Development and Communication Unit is actively working during the current Illinois legislative session in collaboration with the Northern Illinois Public Health Consortium to further legislation in support of comprehensive, medically accurate sexual education in schools and food safety training.

RECOGNITION

Barbara Marban, Physical Therapy Assistant – Provident Hospital

A patient letter was received regarding the Physical Therapy Department at Provident Hospital stating that it is second to none and particular recognizes Physical Therapy Assistant Barbara Marban. The letter states that during an extremely trying time in this patient's life her extreme patience, determination, encouragement and all around positive attitude allows an unpleasant activity to become much more bearable. With all of the many obstacles and the painful challenges the patient had to overcome it was an absolute comfort and assurance to know there's a unique and very special individual such as Barbara to help them during that time. The letter closes by stated that people like Barbara are few and fare between who make life a bit easier for those in need of special aide and assistance. Thank you Barbara for the example you set for all of us and for your dedication to our patients.

Don High, Patient Transporter – Stroger Hospital

On Friday, February 8, 2013 after working a full day and delivering quality patient transport service an elderly visitor at Stroger Hospital approached Donald High. She indicated that she had a flat tire and was wondering if he could locate someone to assist her. Without hesitation, Mr. High took the time, and changed her tire in the parking lot. The following Monday the visitor came to the transport office because she wanted someone to know how respectful, compassionate, and kind-hearted Mr. High was and how grateful and appreciative she was for his kindness. Tim Moyer, Director of Patient Transport stated that sometimes it's the little things we do that go a long way, and he is grateful to Donald High to have him as a member of the patient transport team at Stroger Hospital. Thank you Donald for the example you set.

Dr. Jennifer Smith, Physician – Stroger Hospital

Dr. Smith was recognized in The Society of General Internal Medicine (SGIM) Forum in February 2013 as the SGIM Leader of the Month (article attached). The recognition came from her leadership as the program director for the Seventh Annual Summit "The Post-Election Affordable Care Act Era: Leading Sustainable Change" of the Association of Chiefs and Leaders in General Internal Medicine, and sharing the story of our division through a time of crisis in 2008-2009. To quote one of her colleagues, Dr. Cathy Deamant "Our division and health system has been very fortunate to be guided by Dr. Smiths amazing leadership and skills and it is wonderful to see that the national leaders in General Internal Medicine also see how lucky we are". I could not agree more, thank you Dr. Smith.

Pilot update: Pre-registration

Status update

Managers & Champion	Gwen Williams, Dorothy Richardson, Sidney Thomas
# of employees	16 clerks
What changed	1. Employees explain CountyCare to all GMC patients during pre-registration 2. 4 clerks are dedicated to scheduling appointments for CountyCare patients
Impact on employees	Staff: ▪ Feel like they have a voice in improving patient experience in their department ▪ Are conscious of good customer service behaviors ▪ Understand CountyCare and the vision for the System
Impact on patients	▪ Patients who use the General Medicine Clinic regularly can learn about CountyCare sooner ▪ **346 patients have been informed about CountyCare** through pre-registration (as of 2/15)
Next steps	▪ Hit goal of telling 500 patients about CountyCare per month ▪ Set up a table in Fantus Clinic to advertise the pre-registration process

Tools

"Thermometer" to track number of patients who learn about CountyCare

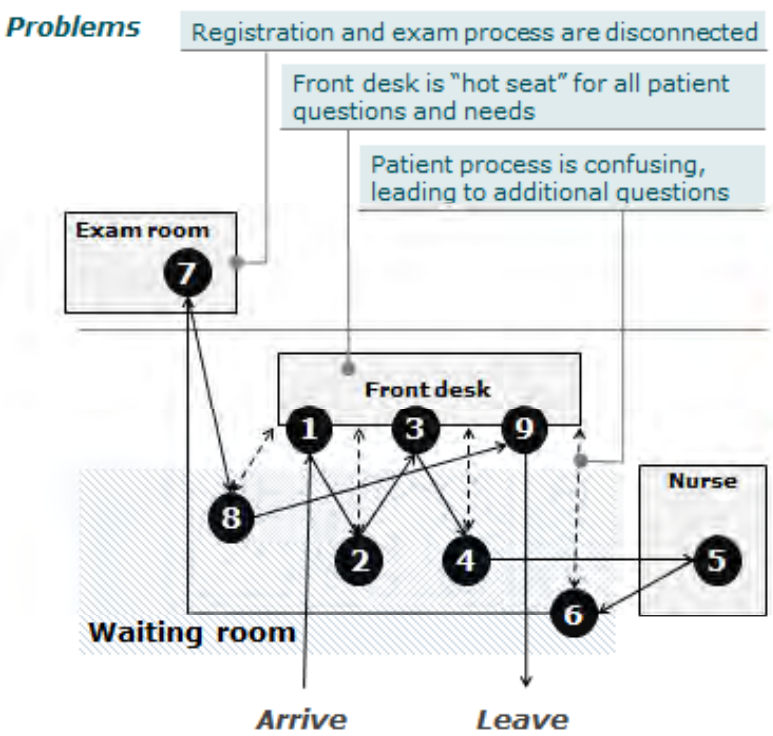
Pilot update: General Medicine Clinic (1/2)

Status update	
Manager & Champion	Kina Montgomery, Dr. Bala Hota
# of employees	44 employees (clerks, nurses, health advocates, and medical assistants)
What changed	For one pilot "care team", each patient is registered, has vitals taken, and sees a provider in the same exam room
Impact on employees	▪ Employees understand CountyCare and are building first-hand knowledge of the vision for the System by implementing a patient-centered care model ▪ The clerks "love it", employees have more control over the patient load
Impact on patients	▪ Initial time study: **patient wait time 40 mins (25%) faster in pilot team** (126 min for pilot vs. 166 min for others) ▪ Pilot physicians saw 1-3 more patients per shift ▪ "Smartest move you could have made" – Patient
Next steps	▪ Investigate and decrease variability in wait times at different stages of patient journey ▪ Continue to hire more staff and set up additional care teams

Pilot update: General Medicine Clinic (2 / 2)

GMC A1 Care Team pilot

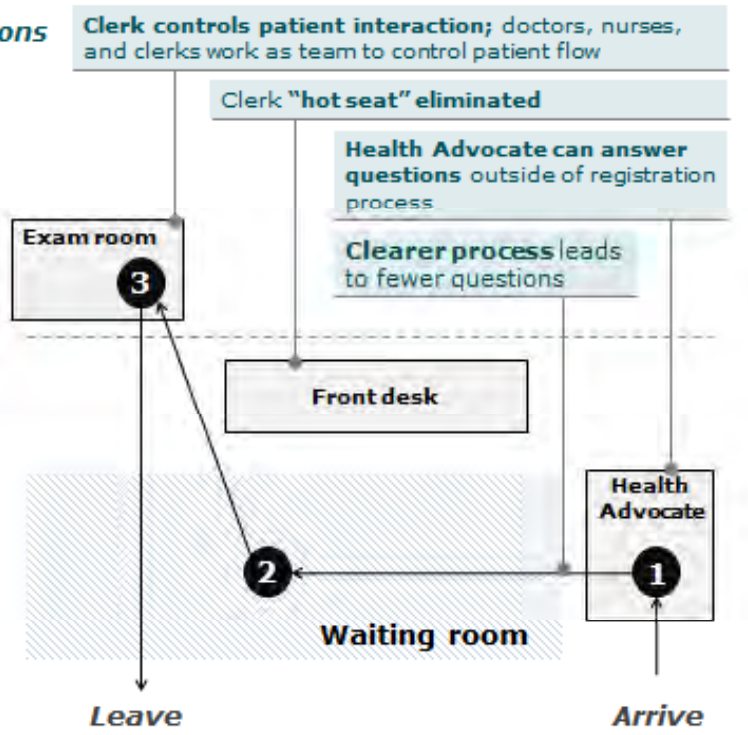
PREVIOUS patient path



Steps

1. Check-in
2. Wait
3. Register
4. Wait
5. See nurse
6. Wait
7. See doctor
8. Wait
9. Schedule next appointment

PILOT patient path



Steps

1. Check-in and questions
2. Wait
3. Register, see nurse, see doctor, & schedule next appointment